



# Application for Membership

Individual Membership

Family Membership

First Name

Last Name

Family Members

Address

City:

State

Zip Code

E-mail Address

Phone Number

Mobile Phone: \_\_\_\_\_ *Carrier Service* \_\_\_\_\_

## Club T-Shirt Size

X-Small

Small

Medium

Large

X-Large

XX-Large

## Mail Application to:

**SABA**  
PO Box 60942  
San Angelo, TX, 76906

Application fee:  
\$25.00 Individual Membership or  
\$30.00 Family Membership  
\$15.00 Military/Student Membership  
Effective January 1, 2012 through December 31, 2012  
Each membership represents one vote.

## Release of San Angelo Bicycle Association

*In consideration of the acceptance of my application for membership in the San Angelo Bicycle Association, I hereby make known to whomever it may concern that I hold the San Angelo Bicycle Association, its officers, and members, blameless in case of accident, injury, or misadventure of any kind. I recognize that safety is a personal responsibility and I will wear an approved bicycling helmet at all club rides and do my part to develop and follow safe cycling habits whether riding alone or in a group.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under the age of 18 years of age, Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_