

# Down East Cyclists

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Type(s) of Cycling you are interested in:** (Circle all that apply)

Road      Mountain      Cyclocross      Triathlon      Touring

Racing (Local and/or Sanctioned)      Cycling Trips      Family Events

**Would you and/or Family members be interested in:** (Check all that apply)

Assisting in local events (Time Keeper/Recorder, etc.)

Local Trail Maintenance

Cycling Clinics

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Membership cards must be presented to receive shop sponsored discounts.