

Membership Application

*dues are due January 1st
make checks payable to: Southern Cyclists, Inc.



Applying For _____

Individual Membership (\$15)

Family Membership (\$20)

Name(s): List all names if family membership:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Personal Info _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Please Read _____

In consideration of my/our membership, I/we agree not to hold Southern Cyclists, Inc. nor any of its members, liable for any injury or damage, however caused, which may result from my/our participation in any club sponsored event.

Signature: _____ Date: _____

Mail To _____

Southern Cyclist
c/o Mike Dunsworth
913 Pointer Rd.
Statesboro, GA 30461