Rapid Wheelmen Membership Application 2025

Name				
Address				
City		State		Zip
Phone				
E-mail Address				
DOB (m/d/yyyy)	Gender: M	□ F□		
Emergency Contact Name				
Emergency Contact Phone Would you be interested in volunteering Include my name in the printed members.	ng at club events?	Yes □ Yes □	No □	
We Only E-mail the newsletter.		E-mail 🗆		
Membership year: Jan. 1 to Dec. 31. Jomembership year.	oin after September 1 and	you'll be a paid-	-up member until De	c. 31 of the following
One-Year Family Membership Three-Year Family Membership Club Jersey Size (circle) S M L XL XXL Club Shorts Size (circle) S M L XL XXL Club Bib Shorts Size (circle) S M L XL XXL		\$35.00 \$90.00 \$60.00 \$65.00 \$70.00	3.21	WHEELA
\$4 shipping per item unless you pick up at meeting		\$	3 6	AL SE
	Donation	\$ otal \$		
Make check payable to and mail to: Rapid Wheelmen, In PO Box1008 Grand Rapids, MI 49		nc.	78	VD RAPIO
Event Waiver and Hold Harmless Agre	ement, read the event w	aiver.		
1. I acknowledge bicycling is an inher hereby waive any claims, and releasother parties connected with the clear death sustained as a result of parties Rapid Wheelmen, Inc., and traffic I	ase, absolve and hold har organization, from any bla icipation in Rapid Wheeln aws and regulations, and	mless Rapid Whe me or liability fo nen, Inc. activitie I shall practice c	eelmen, Inc. and its or or any past or future es. I shall abide by the	officers and members, and a injury, harm, loss, damage o e rules and regulations of th
 Yes, I have read the event waiv Initials of athlete over 18 years of incapacitated and/or intellectually 	age or parent/legal guar	dian of minor ur	nder 18 years of age	or legal guardian of
Signatures of all adult riders			Date	
Signatures of parent/guardian (if applic	ant is under age 18)			Date
O o- bar o A Barararan (11 abbur				