

2009 Membership Form

Memberships are valid from January 1st through December 31st.

_____ Individual \$35.00 _____ Family \$45.00

Please PRINT Clearly

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Contact preference for Newsletter & Updates: _____ E-mail _____ Regular Mail
Family Memberships

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

(Attach additional sheet with information if necessary)

Signature _____ Date _____

Please make checks payable and send to:

Sidney Cycle Association

P.O. Box 374

Dalton, Nebraska 69131

THANK YOU FOR YOUR SUPPORT