



MOUNTAIN BIKERS OF SANTA CRUZ

Membership Application and Donation Form

Name: _____

Family Members: _____

Address _____

City: _____

State: _____ Zip: _____

Email: _____

MBOSC respects your privacy. We will not share your personal contact information with any 3rd parties without your explicit permission.

Membership Type

- \$10 Student
- \$25 Individual
- \$40 Family
- \$75 Patron
- \$100 Benefactor
- \$_____ Pick your dues
- New
- Renewal
- Change of Address

A little about me (what type of riding, your interests, ideas, etc...):

Legal Jargon: In submitting this application, I hereby agree to defend, indemnify and hold harmless Mountain Bikers of Santa Cruz ("MBOSC" or "club"), its officers, directors and agents, from any and all liability arising from my participation in the club or any club activities, or any participation by family members or minors who participate with me as a result of my membership. I recognize that bicycling is inherently dangerous, and represent that all participants for whom I am responsible are competent cyclists with appropriate safety equipment. I understand that helmets are required for all participants in club rides. I understand that I participate in club activities at my own risk, that safety is my personal responsibility, will participate in keeping all club rides safe.

The application is dated and signed.

Signature: _____

Date: _____



Make check payable to **MBOSC** and send it to:

MBOSC
P.O Box 331
Santa Cruz, CA 95061

For more info, please email info@mbosc.org or visit <http://www.mbosc.org>

We appreciate your support for Mountain Bikers of Santa Cruz. MBOSC is a 501(c)(3) non-profit organization and our Federal Tax ID # is 77-0457425. Please keep this portion as a receipt for your tax purposes.

Amount of Donation

Date