

Frederick Pedalers Membership Application

Name: _____ Email: _____

Monthly Club newsletter will be sent to email address indicated above.

Family Members and Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone _____

Class of rides you prefer: A B C D

Type of rides you prefer: Kid Carrier Family Off-Road Single Tandem

Number of Family Members Cyclists: _____ Are you a member of League of American Bicyclist? _____

Please check the activities that you or your families are interested in:

Bicycle Advocacy Contributing to the Newsletter Other: _____

Club Leadership Leading Rides

Planning Events Riding Only

What do you wish to obtain from the Frederick Pedalers?: _____

Please describe your ideal ride (terrain, environment, etc): _____

How did you learn about the Frederick Pedalers?: _____

Applicant's Signature _____

Date of Application / Renewal: _____

Membership Options: One Year Individual Membership: \$15 or One Year Family Membership: \$20
Three Year Individual Membership: \$38 or Three Year Family Membership: \$52

Please send your check payable to the Frederick Pedalers to the following address:

Frederick Pedalers, PO Box 1293, Frederick, MD 21702-0293

<http://www.frederickpedalers.org/>