Hawkeye Bicycle Association

P.O. Box 223, Cedar Rapids, IA 52406-0223

USCF club # 1690

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ ZIP code _____

Phone # _____ E-Mail Address if you have one _____

Membership Category

( ) Sustaning: $25 or more
( ) Family: $20 ( )New Member
( ) Individual $15 ( ) Renewal

Name	Age

Please actively support your club by checking one or more of the following:

( ) Newsletter: ( ) Editing ( ) Writing
( ) Ride Leader: ( ) Saturday( ) Sunday ( ) Weekday
( ) Education: ( ) Training ( ) Bicycle Maintenance
( ) RAGBRAI: ( )Planning Committee ( )Truck Driver

( ) Membership
( ) Special Events
( ) Bicycle Racing Team

WAIVER: I do hereby for myself, heirs, executors and administrators waive any and all claims for damages, and cause of action of every nature that I may have or which may hereafter accrue to me against the Hawkeye Bicycle Association and sponsoring agencies during participation in Association events, training or during travel to and from any Association event.

Signature of Applicant: _____ Date _____

Signature of Spouse: _____ Date _____
(Parent or Guardian If applicant is under age 18)