

EMERALD COAST CYCLISTS

MEMBERSHIP APPLICATION

Name: _____

Single: _____ Family: _____

If family, please list first names of all other members: _____

Address: _____

City, State, Zip: _____

Phone #s: Home _____ Work _____

E-Mail Address _____

Please indicate telephone numbers you would not mind sharing with club members (yes or no): Home: _____ Work _____

Publish Email address (yes or no). ECC prints a phone list to distribute to membership only in April and mails it with the Pace Line.

YEARLY MEMBERSHIP DUES: \$15.00 (per address)
Make checks payable to: Emerald Coast Cyclists

Mail to: Emerald Coast Cyclists For ride info:
P. O. Box 592 ECC Hotline # 864-7166
Niceville, FL 32588

ECC RIDER PROFILE (OPTIONAL)

Name: _____ Age: _____

Type of rider: (Casual, Racer, Touring, Fitness) _____

List bicycles owned (Brand and type): _____

Club member since: _____

Favorite place to ride: _____

Personal best: _____

Goals for this year: _____

Additional comments: _____

