



Membership Form

Name: _____

Student ID Number: _____

Local Address:

Street: _____

City: _____ Zip: _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Email: _____

Phone (cell): _____

Current Class Level: Freshman Sophomore Junior Senior Graduate

Expected Graduation Year: _____

I, _____, understand that cycling is, although sweet, a potentially dangerous activity and acknowledge that the UMBRC is not liable if I am injured. I also understand that whenever I am wearing UMBRC clothing I am a representative of the University and the UMBRC and will behave accordingly and wear a bicycle helmet.

Signed: _____ Date: _____