



**Membership Application for
MAJOR TAYLOR CYCLING CLUB OF NEW JERSEY**

PLEASE PRINT LEGIBLY

First Name: _____

Last Name: _____

Address: _____

Apt. No.: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Please indicate the kind of rides you feel you are capable of riding:

- 20 miles
- 30 miles
- 50 miles or more

RELEASE:

By completing and signing this application I acknowledge and agree that the Major Taylor Cycling Club of NJ, its officers, and members bear no responsibility or liability for personal injury, misadventure, loss or harm that I may encounter while on a bicycle ride with or without the club. I understand that I am riding at my own risk.

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO MTCCNJ IN THE AMOUNT OF \$25.00.

RETURN TO: PO BOX 1514, NEWARK, NJ 07101. USE ONE APPLICATION PER PERSON.

Signed: _____ Date: _____