

**Shenandoah Valley Bicycle Coalition
Membership & Donation Form**

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Additional e-mails: _____

Annual Membership Fees:

SVBC membership runs on an annual basis beginning on January 1st of each year. SVBC is a 501 (c) (3) organization so your membership and donations are tax deductible and will be used to further our Mission.

- Individual Membership **\$15**
- Family Membership **\$25**
(Includes all members of household)
- Individual Lifetime Membership **\$300**
- Family Lifetime Membership **\$500**

For family memberships - How many cyclists in your household are over the age of 12? _____

Membership Subtotal: \$ _____

2010 Massanutten Western Slope Annual Pass

Please include a sign Massanutten Risk and Release form.

- I agree to volunteer 8 hours of Massanutten trail work in 2010.
Initial: _____

OR

- \$50 Donation to the Massanutten Trail Building Fund \$ _____

(All funds go to SVBC and SVBC's Western Slope Trail Fund)

Additional Donation: \$ _____

Grand Total: \$ _____

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(continued)

Insurance release:

In signing this release for myself, or the named entrant, I hereby agree to absolve and hold harmless the Club, the Club officers, the members, and any other connected with events sponsored by the Club in any way whatsoever, for blame or liability for any injury, misadventure, harm, loss, or inconvenience suffered. I understand that the Club is not responsible for, and is not insurer of, my personal safety. I also hereby consent to and permit emergency medical treatment in the event of injury or illness. I shall abide by traffic laws and practice courtesy and safety in bicycling, including wearing an approved helmet at all times.

Consent to Email Notification & Communication

I consent to receive communications from Shenandoah Valley Bicycle Association electronically and agree that Shenandoah Valley Bicycle Association may communicate with me by email or by posting notices on its website. Any notice that Shenandoah Valley Bicycle Association is required to provide to me pursuant to the Virginia Nonstock Corporation Act may be sent to me via email at the following email address: _____

Member Signature Date

Signature of Parent/Guardian (under 18) Date

- Please send my SVBCoalition communications via email

For more information regarding membership please email membership@svbcoalition.org or call Mike at 540-578-2259

*Please return this completed form along
with your check made payable to:*

**Shenandoah Valley Bicycle Coalition (SVBC)
PO Box 1014, Harrisonburg, VA 22803**