



AMERICAN BICYCLE ASSOCIATION APPLICATION FOR MEMBERSHIP



P.O. Box 718, Chandler, Arizona 85244, Phone: (480) 961-1903 / Fax: (480) 961-1842

I do hereby make application for membership to the American Bicycle Association. I agree to comply with all rules and regulations for all activities and understand that I am fully responsible for my actions. I understand that my membership will be valid for a 12 month period from the date joined and is renewable each year. Memberships must be current through the end of the ABA points season (December 15th) to earn rankings and awards.

Today's Date _____

Male Female

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____ Age _____

E-mail Address _____ Credit my membership to track NC1296 Capital City Bmx

CHECK APPROPRIATE BOXES

- TEMPORARY CONVERSION (Trial membership stub must be attached) \$25
 - NEW MEMBERSHIP RENEWAL: Serial # _____
 - GOLD MEMBER (BEST VALUE) \$100
 - FIRST FAMILY MEMBER \$45
 - SECOND FAMILY MEMBER Serial # of 1st Family Member _____ \$40
 - THIRD & ADDITIONAL FAMILY MEMBERS Serial # of 2nd Family Member _____ \$35
 - CRUISER MEMBERSHIP w/20" MEMBERSHIP 20" Serial # _____ \$35
 - 20" w/CRUISER MEMBERSHIP Cruiser Serial # _____ \$35
 - NOVICE (BOYS & GIRLS) INTERMEDIATE EXPERT GIRLS CRUISER
- We must have serial numbers of previous family members to allow the discounted fees. BMXer will be sent to the first family member only.*
- PRO MEMBERSHIP Social Security # _____ \$70
 - PRO CRUISER MEMBERSHIP Social Security # _____ \$70
 - ASSOCIATE MEMBERSHIP (Parent, bike shop owner, etc. Includes subscription to BMXer Magazine) \$16

MEDICAL RELEASE-ADDITIONAL CONDITIONS

- The applicant and his representative agree that, in the event that the applicant requires medical or surgical treatment while under the supervision of ABA personnel in connection with any sponsored activity or trip, such ABA personnel may authorize medical treatment for the applicant. The applicant and his representative agree to pay for all medical, hospital, or other expenses which the applicant may incur as a result of such treatment.
- The applicant and his representative hereby grant to the ABA and its assigns the right to photograph the applicant and use the applicant's silhouette, and other reproductions of the applicant's physical likeness as it may appear and any still camera photograph or videotape. The applicant and his representative also expressly grants to the ABA and it assigns the right to use any photograph, silhouette, or other reproduction of the applicant's physical likeness in connection with any television, theatrical or print exhibition, advertising or publicizing of ABA or any of its activities or programs. The applicant and his representative further gives ABA the right to reproduce in any manner whatsoever the applicant's voice or any instrumental or musical or other sound effect produced by the applicant.

**APPLICANT MUST READ AND SIGN THE FRONT AND BACK OF THIS FORM. NO EXCEPTIONS. (OVER)
ALL MINORS MUST HAVE SIGNATURE OF PARENT OR GUARDIAN.**

Applicant _____ Representative _____
(Parent or Guardian)

Enclosed is my check for \$ _____ Please charge my VISA MasterCard American Express Discover

Credit Card Acct. # _____ Expiration Date _____ \$ _____

THIS IS YOUR TEMPORARY MEMBERSHIP CARD. YOUR PERMANENT CARD WILL ARRIVE BY MAIL.

Today's Date _____ Track Name NC1296 Capital City Bmx

Received of (Name) _____

Amount _____

Date Of Birth _____ Age _____

Signature of Track Operator _____

NOTE: ABA must receive a copy of your Birth Certificate within 30 days.



- NEW MEMBERSHIP RENEWAL GOLD MEMBER
- NOVICE (BOYS & GIRLS) INTERMEDIATE EXPERT
- GIRLS PRO MEMBERSHIP PRO CRUISER MEMBERSHIP
- CRUISER MEMBERSHIP ASSOCIATE MEMBERSHIP

(OVER)