thebostonroadclub

2006 MEMBERSHIP APPLICATION

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1. Personal Information

Name _____

Male / Female (circle) Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation/business/school: _____

E-Mail Address: _____

USCF License No.: _____ Jr./Sr./Master (circle) Cat.: _____

USCF Club on License: _____

2. Annual BRC Membership:

Please Check One:
_____ $45 Team Membership
_____ $30 Associate Membership

3. Wells Ave Training Race Season Pass

_____ $100

I am aware that bicycle racing can be a hazardous sport. I acknowledge the risk inherent in racing, and hereby absolve the Boston Road Club, its members, officials, sponsors, and the municipalities and their officials in which the club's events occur, of any and all injuries, illnesses, damages, or other loss which may result from activities conducted and/or promoted by the Boston Road Club. I also certify that I have adequate medical insurance to cover my injuries and will not hold the Boston Road Club responsible for deductibles or any other expenses not covered by insurance.

Signature: _____ Date: _____

Make Checks Payable to: Boston Road Club
Send to: Boston Road Club
c/o Brian Morrill
419 Spring Street
West Bridgewater, MA 02379