



MEMBER APPLICATION

MEMBER CRITERIA

NAME _____
GENDER Male Female DATE OF BIRTH _____ CURRENT AGE _____
EMAIL _____ USAT NUMBER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
MOBILE NUMBER _____ ALTERNATE NUMBER (OPTIONAL) _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____
EMERGENCY CONTACT PHONE NUMBER _____
RELATIONSHIP TO MEMBER _____

CONSENT INFORMATION

INTERESTED IN VOLUNTEERING FOR COMMITTEES OR OTHER ACTIVITIES? YES NO
PERMISSION TO PROVIDE MEMBER INFORMATION TO CLUB SPONSORS/PARTNERS? YES NO
UNDERSTAND AND ACCEPT THE MEMBERSHIP WAIVER? YES NO
UNDERSTAND THAT TO BE COVERED UNDER OUR GENERAL LIABILITY INSURANCE PLAN YOU NEED TO BE A
CURRENT USAT MEMBER? YES NO
UNDERSTAND THAT YOU MUST BE A MEMBER OF CVC (CONEJO VALLEY CYCLISTS) TO PARTICIPATE IN WEEKLY
RIDES WITH THE TEAM? VISIT CVCBIKE.ORG YES NO

OTHER

SHIRT SIZE (FOR FUTURE REFERENCE) XS S M L XL XXL
TRUCKER HAT PREFERENCE GREEN/BLACK PINK/BLACK
HOW DID YOU HEAR ABOUT US? _____

PLEASE COMPLETE THE ABOVE FORM AND EMAIL IT TO CVTRIATHLONTEAM@GMAIL.COM OR GIVE IT TO YOUR CLUB
PRESIDENT AT ANY CVTT GROUP WORKOUT OR MEETING. FOR INFORMATION, CALL 805-558-3428.