



SHARE Mountain Bike Club Membership Application

Print this form out and mail along with your check made payable to "SHARE" to:
SHARE, 3535 East Pacific Coast Highway, PO Box 226, Corona Del Mar, CA 92625
www.sharemtb.com

Date: _____

Type of Membership *(check one)*

- | | | | |
|--|------|---|----------|
| <input type="checkbox"/> Annual Membership | \$30 | <input type="checkbox"/> Life Time Membership | \$250 |
| <input type="checkbox"/> Family Membership | \$40 | <input type="checkbox"/> Donation | \$ _____ |
| <input type="checkbox"/> Affiliate Membership <i>(bike clubs, retailers, etc.)</i> | \$50 | <small>(\$250 or more earns a Life Time Membership)</small> | |
| TOTAL: | | | \$ _____ |

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Email Address: _____

Cell Phone: _____ Spouse: _____

Additional Family Membership Names: _____

- Your Participation Interests:** *(Check One or More)*
- | | |
|---|--|
| <input type="radio"/> Club Rides | <input type="radio"/> Sponsorship |
| <input type="radio"/> Events/Activities | <input type="radio"/> Volunteers |
| <input type="radio"/> Membership | <input type="radio"/> Web Site |
| <input type="radio"/> Park Representation | <input type="radio"/> Public Relations |
| <input type="radio"/> Trail Projects | |

Emergency Contact: _____ Phone: _____

_____ Phone: _____

*Ride often, ride safe and ride
responsibly. Carry*