

Central California Off-Road Cyclists

P. O. Box 3723

Pinedale, CA

93650-3723

www.ccorc.com



Membership Application

Name	_____
Family Members	_____
Address	_____
City	_____
Zip	_____
Home Phone	_____
Business Phone	_____
E-mail	_____
Type of Bike	_____

Which club activities would you be willing to help with?

Club sponsored 1 day rides Trail maintenance

Newsletter Bicycle advocacy and legislation Other _____

Please read and sign: For consideration of the acceptance of my application, I do hereby for myself, my heirs, executors, administrators, resolve, release and forever discharge any and all rights and claim from damage which I may have or which may hereafter occur to me against the Central California Off-Road Cyclists (CCORC), its agents, representatives, successors, and/or assigns, individually or collectively, of any and all damages and liabilities which may be sustained and suffered by me in connection with my association with and/or arising out of traveling to, participation, and/or returning from any Central California Off-Road Cyclists activity.

Name _____

Date _____

New Renewal

\$20.00 Individual \$25.00 Family

Enclosed is a check for \$ _____

for membership(s) in the CCORC.

Mail to: Central California Off-Road Cyclists
P. O. Box 3723
Pinedale, CA 93650-3723