

Calumet Crank Club Membership Application and Renewal Form

Please make check payable and mail to the Calumet Crank Club, PO Box 2202, Valparaiso, IN 46384

The CCC membership year runs from April 1 – March 31. The dues for New Members joining after November 1 will be applied to the following membership year.

Please check one: Single - \$20 or Family - \$25 (A couple and/or parents/guardians and dependent children up to the age of 25 who are living in the same household.)

• Please check one: Renewal or New

• If you are a new member, how did you hear about the Club? _____

• Please list each person registering under this membership. **Please print.**

Name	Date of birth	Male Female	Year I joined the CCC
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Street Address _____ City _____ State _____ Zip _____

() _____ () _____

Home Phone _____ Cell Phone _____ E-mail Address – please print _____

Check here if you would like your name, address, phone, and e-mail address listed on the “Membership’s Only” section of the Calumet Crank Club website.

• **Emergency Contact** _____ () _____
Name Phone Number

• **Interests:** Adult Biking Family Biking Distance Riding Bike Commuting Fitness Training
 Special Rides Unsupported Touring Social Events Advocacy Issues Other _____

• **We depend upon being able to utilize our members' skills and talents. Please check any of the following to obtain more information and/or to help:** Serve on Board Lead Ride Newsletter Website
 Teach Workshop Organize Event Other _____

• **Comments, Suggestions** _____

Each member or legal guardian is required to sign the following waiver. Release and Waiver of Liability, Assumption of Risk and Indemnity, and Parental Consent Agreement

In submitting this form for myself I agree to absolve all of the organizers, officers, sponsors, and members of the Calumet Crank Club, Inc., be they individuals or organizations, singly or collectively, of all blame for any injury, misadventure, harm, loss, or inconvenience suffered as a result of taking part in a scheduled or non-scheduled activity of the Calumet Crank Club.

Printed Name of Participant (only if age 18 or over)	Participant's Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minor Release

The legal guardian for each person under 18 years of age must agree to the following: As the legal guardian for the child(ren) under age 18 named above, in submitting this form, I agree on their behalf to absolve all of the organizers, officers, sponsors, and members of the Calumet Crank Club, Inc., be they individuals or organizations, singly or collectively, of all blame for any injury, misadventure, harm, loss, or inconvenience suffered as a result of taking part in a scheduled or non-scheduled activity of the Calumet Crank Club.

Printed Name of Legal Guardian _____ Signature Of Legal Guardian _____ Date _____

Street Address, City, State, ZIP (if different from above) _____ Phone _____