

# League of American Bicyclists

## Membership Application Form

### Organizational Memberships



Thank you for joining the League! Please print out and fill in this membership form. Once completed, mail this form along with payment to our office:

League of American Bicyclists  
1612 K Street, NW Suite 510  
Washington, DC 20006

#### Member Information

<b>Club Information</b>		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Email: _____	Phone: _____	

<b>Club Contact Information:</b>		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Email: _____	Phone: _____	

#### Membership Type:

(circle one)

<b>Bike Shop</b>	\$50
------------------	------

	1 - 100 members	101 - 500 members	500+ members
<b>Club</b>	\$75	\$100	\$125

	Local/Regional	State/Multi-state	National
<b>Advocacy Organization</b>	\$75	\$100	\$125

<b>Other Affiliate</b>	\$50
------------------------	------

**NOTE:** Newly formed clubs and advocacy organizations receive their first year of membership free. To apply, please mail in this form, along with your organizational mission, to the address at the top of the page.

#### Payment Information

- Check enclosed (payable to *League of American Bicyclists*)
- Please charge my
  - VISA     Master Card     Am Ex     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_

For more information on membership categories and benefits, or to join online, visit [bikeleague.org/join](http://bikeleague.org/join)