

League of American Bicyclists

Membership Application Form

Personal 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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Membership Type:

(circle one)

Level	1 Year	2 Years
Student/Youth, U25	\$25	\$50
Individual	\$40	\$75
Advocate	\$70	\$130
Family	\$60	\$110
Silver Spoke	\$120	\$220
Advocate Family	\$90	\$165
Supporter	\$250	\$500
Sustainer	\$500	\$1,000
Life Member	\$1,200	
Life Family Member	\$1,750	

Payment Information

Check enclosed (payable to *League of American Bicyclists*)

Please charge my

VISA Master Card Am Ex Discover

Card Number: _____

Expiration Date: _____ Signature: _____

For more information on membership categories and benefits, or to join online, visit bikeleague.org/join