



## Williams Lake Cycling Club Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you interested in becoming a volunteer?

YES \_\_\_ NO \_\_\_

Membership Fee \$10.00.

Valid for one year from date of sign up.

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