



Peoria Area Mountain Bike Association
Membership Application

Name: _____
Street: _____
City, St. Zip: _____
E-Mail: _____
Phone: _____ Cell: _____

_____ **NEW** Membership _____ **RENEWAL**

_____ Annual Individual Membership- \$20
_____ Annual Family Membership - \$30
\$ _____ Additional donation

Color preference for your PAMBA window decal:

_____ Red _____ White _____ Silver _____ Black

Trail Systems I like to ride (rank them 1 to 6 if you ride them all)

_____ Black Partridge _____ Dirksen _____ Farmdale
_____ Indy _____ Jubilee _____ Wildlife

Would you be interested in helping build and maintain these trails? YES _____ NO _____

Check all that interest you . . .

_____ Ride Bikes, Have Fun (RBHF) _____ Race in the Ill. Homegrown Series
_____ Local Group Rides _____ Volunteer at the race series
_____ Meet other people who mountain bike _____ Volunteer at social functions
_____ Trips to other Trail Systems _____ Join the Nat. Mtn. Bike Patrol
_____ Attend monthly meetings _____ Get discounts at local bike shops
_____ Introduce my family/kids to mountain biking

Make checks payable to "PAMBA" and mail to:

PAMBA
c/o Membership
P O Box 10204
Peoria, IL 61612

I hereby release the Peoria Area Mountain Bike Association, Inc. and any other party or parties involved in any Peoria Area Mountain Bike Association activity of any liability whatsoever for any loss or damage to property or for personal injuries sustained or occurring on any Peoria Area Mountain Bike Association event.

Signature(s): _____ Date: _____
(A parent or guardian must ALSO sign if under 18)