



LAKEVILLE CYCLING ASSOCIATION MEMBERSHIP 2019

RIDER INFORMATION:

Name/Company _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____ Age _____

INTEREST/SUPPORT:

Riding Interest ? (circle all that apply)

Road riding Criterium Mountain bike Cyclocross
Gravel riding Triathlon Time Trial Track BMX
Fatbike (winter riding) Group riding/Training

VOLUNTEER AND ASSOCIATION SUPPORT:

(circle all that apply)

What areas are YOU willing to volunteer ?:

Sponsorship/ Public Relations Trail planning

Trail cleanup/maintenance Event planning Other _____ ?

MEMBERSHIP TYPE:

LCA Member/Volunteer.....\$25

LCA Junior member/Volunteer.....\$15

Family membership.....\$50

Supporter.....\$50

Amount attached \$ _____

FINE PRINT: I understand that cycling is inherently dangerous and agree that I (including my heirs or successors of interest) will not hold LCA liable for any injuries I may sustain or property damaged I might incur during my participation.

Signature _____ Juniors ONLY _____
(parent/guardian)

SEND APPLICATION AND CHECK TO:

LAKEVILLE CYCLING ASSOCIATION

c/o Todd Aguilar 10155 208th Street West Lakeville, MN 55044

