

STLCC/B.A.B.E.S.

St. Louis Cycling Club / Belleville Area Bicycling and Eating Society

MEMBERSHIP APPLICATION

Member Information – Please TYPE OR PRINT Clearly

New Member Renewing Member Change of Address

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Birth Date _____

State _____ Zip _____ Email Address _____

I would like to opt out of (not receive) club email announcements.

I would like to help with B.A.B.E.S. activities: Yes No

Type of Membership

Adult Full [18+] \$30.00/yr

Family \$35.00/yr

Family Member Information

Name 1 _____ Birth Date _____

Name 2 _____ Birth Date _____

Name 3 _____ Birth Date _____

Name 4 _____ Birth Date _____

NOTES:

1. With this Membership Application you must fill out and sign one Membership Waiver for each member.

Mail Membership Form and Signed Membership Waiver(s) with Check payable to:

St Louis Cycling Club / B.A.B.E.S.

Attn: Membership

PO Box 620

Belleville, IL 62222

Refer any membership questions to: Arlene Willmann at awillmann@gmail.com or

618.531.7673

Rec'd by _____ Date Rec'd _____ Check # _____ Cash Amt _____

Check Deposit _____ Member Card Issued by _____ Date _____