



Membership Application

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Fax Phone:

Email:

Date Paid:

Membership Type:

Regular (\$20)

Sponsor (\$30)

Senior/Student (\$15)

Family (\$25)

Benefactor (\$50+)

Level of mountain Bike experience:

Novice

Experienced

Advanced

Expert

When and where to you typically ride?

What other environmental groups are you a member of?

What committees or activities are you interested in becoming involved with?

Attend meetings

Administrative

Ride Leader

Educational Barracades

Clerical

Services

Education

Legal

Social

Newsletter

Patrol

Web Site

Trail Work

Political

Other

When are you available for volunteer work?

Please make checks payable to BTC of Marin, and mail to:
P.O. Box 494, Fairfax CA 94978-0494
tel: (415) 456-7512

thank you for
your support!