



BRAZOS VALLEY MOUNTAIN BIKE ASSOCIATION
Associate Organization Individual Membership Application



Contact Info: bvmbainfo@gmail.com

PO BOX 9603

Please Print or Type-Use Black Ink

College Station, TX 77842

_____ is an organization that has made an associate organization agreement with BVMBA the individual herein is a member of and is now applying for an Individual Associate Organization Membership with BVMBA.

Associate Organization's Officer/Employer approving Individual's Associate Membership

Name: _____ **Position in Org:** _____

I certify that the applicant herein named is a member/employee of the above organization named.

Signature: _____ **Date:** _____

Membership Type: **Applying Associate Member**

- New-Associate Member - Dues \$ _____ *Defined in Associate Org MOU Agreement made with BVMBA
- Renewal-Associate Member - Dues \$ _____ or service hours discounted \$ _____

Name: _____ **Age of applicant:** _____

Contact Information:

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Add my email to the BVMBA Google discussion group: Yes No

In the event of an emergency, contact name: _____

Relationship: _____ Phone: _____ Phone2: _____

Release and Indemnity Agreement Waiver - Please READ and SIGN: In submitting this application, I hereby make known that I will hold blameless the Brazos Valley Mountain Bike Association, it's officers, members, and volunteers, in the case of accident, injury or damage of any kind. I recognize that bicycling is potentially dangerous and I will use safe equipment. Even though bicyclists are not required by Texas law to wear helmets, I agree to wear a helmet when participating in any club rides and that I assume full responsibility for the selection and fitting of the helmet. By wearing a helmet, I understand the risk of serious, permanent head injury is greatly reduced. I understand that safety is my personal responsibility, and I agree to participate in keeping all BVMBA rides safe. I understand that all rides are on public roads and/or private property and that I will ride at my own risk. I am aware of the club policy that a parent or responsible adult must accompany all riders under the age of 18.

Signature: _____ **Date:** _____

If the applicant is below age 18: The undersigned hereby acknowledges that he or she is the legal guardian of the Applicant whose name appears herein, that the undersigned has read the foregoing agreement, and that by signing this Agreement on behalf of the Applicant named above and himself or herself, the Applicant named above and the undersigned agree to be bound by all terms.

Name of Notary or Parent/Legal Guardian: _____

Signature: _____ **Date:** _____

Annual membership is valid until February 1st of the following year or termination of membership/employment with the organization named. Dues for new and renewing membership are defined in the Associate Organization's MOU agreement made with BVMBA. Renewing dues are discounted for service hours during the prior year. These service hours may be, but are not limited to, such activities as trail maintenance, special projects, bike clinics, and/or race volunteer. Consult your organization for terms in the MOU and the dues structure, or contact BVMBA.