

STORM Membership Application

South Texas Off Road Mountain-Bikers

www.storm-web.org

(Please Print Legibly)

Name: _____

New Member []

Other Family Members and ages:

Renewal []

Individual []

Family []

Mailing Address: _____ Phone, Home: (_____) _____ - _____

City: _____ State: ____ Zip Code: _____ Work: (_____) _____ - _____

E-mail: _____ Add to the STORM E-Mail List []Yes []No []Already There

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: (_____) _____ - _____

I consent to the publication of my name and contact information in a printed STORM club directory for distribution to club members only?

[]Yes []No Exceptions: _____

Method you would you like to receive the Club Newsletter?

Electronically [] US Postal Mail [] Both []

What aspect(s) of club activities are you interested in?

[]Newsletter []Group Rides []Liaison with Govt./Private Land Agencies
[]Ride Leader []Racing []Other _____
[]Web Site []Race Volunteer _____
[]Phone tree volunteer []Trail Maintenance _____

Please READ and SIGN: In submitting this application, I hereby make known that I will hold blameless STORM, 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 represent that I am a competent cyclist with safe equipment. I understand that all rides are on public roads and/or private property and that I will ride at my own risk. I further recognize that safety is my personal responsibility, and I agree to participate in keeping all STORM rides safe. I am aware of the club policy that a parent or responsible adult must accompany all riders under the age of 18. And although bicyclists are not required by Texas law to wear helmets, I understand wearing a helmet will greatly reduce my risk of serious, permanent head injury. I also understand that STORM requires the use of an ANSI/Snell, or ASTM-approved helmets at all club rides, and I assume full responsibility for the selection and fitting of the helmet.

Signature: _____ **Date:** _____ **Dues \$** _____

Annual dues are \$20 for Individual or Family Membership. All renewals are due in January for the full-year. New members, please refer to the table below for the prorated amount to submit with your application.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Dues	\$20	\$20	\$20	\$15	\$15	\$15	\$10	\$10	\$10	\$5	\$5	\$5

Send Dues payable to STORM at:

STORM
PO Box 12371
San Antonio, TX
78212-0371