



Inner City Cycling Connection

A 501(C3) Non-Profit Organization

P.O. Box 82311
Los Angeles, CA 90082

OFFICE USE ONLY

Review By _____

ID Number _____

Status _____

Other Info _____

**Office: (323)839-5012 Fax: (323)291-2582 Email: ic3cycling@gmail.com
www.innercitycycling.org**

Membership Registration Form (Fee: \$25)

TODAY'S DATE: _____

MAKE ALL CHECKS/MONEY ORDER PAYABLE TO INNER CITY CYCLING CONNECTION, INC.

APPLICANT INFORMATION (Please Print Clearly)

Applicant Name	_____		
	Mr./Ms./Mrs.	First Name	Last Name
Mailing Address	_____		
	Address	Street	Apt. #
Contact Information	City		State
	_____		Zip Code
	()	()	()
	Day Time Phone No.	Evening Phone No.	Cell Phone No.
	Fax No.: () --		
	Email Address: _____		
	Birthday: _____		
Are You A Cyclist?	Yes [] No []	Payment Type: Online Pay Via IC3 Website [] Cash [] Check [] Money Order []	

QUESTIONNAIRE

(Please take a moment and answer the questions below so that we can continuously improve on our quality of service)

How did you hear about us?	_____
Do you have any prior professional bicycle racing experience? If yes, how many years?	_____
Name of professional races you participated	_____
Are there any professional cyclist in your family?	Yes [] No []
Other service(s) or races you would like to see IC3 develop	_____
Additional comment(s)	_____

MEMBERSHIP FEE IS \$25 ANNUALLY. YOU CAN PAY THIS FEE AND FILL OUT A MEMBERSHIP APPLICATION ON OUR WEBSITE. JUST CLICK THE MEMBERSHIP LINK LOCATED UNDER APPLICATION FORMS. THE PAYPAL PAYMENT BUTTON IS ON THE BOTTOM OF THAT PAGE. YOU MAY ALSO PAY IN PERSON BY CASH, CHECK, OR MONEY ORDER.

After filling the form out, please email it to ic3cycling@gmail.com or drop it off at a designated location.

I HAVE READ ALL THE TERMS AND CONDITIONS SET FORTH IN THIS CONTRACT AND UNDERSTANDS THEM FULLY

Signature of Applicant _____ DATE _____