

**Savannah Wheelmen Cycling Club Application 2012**

I, \_\_\_\_\_, do hereby submit membership into the Savannah Wheelmen Cycling organization. I understand this organization extends the sport of cycling in a competitive manner. I shall do my best to uphold the highest standard this organization requires of me.

I further agree to submit a \$30.00 (thirty dollar) annual fee for such membership.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Email address

Address: \_\_\_\_\_ T-SHIRT SIZE (circle)

\_\_\_\_\_  
XL, L, M, S

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Medical Info: \_\_\_\_\_

Please mail form and check to:

The Savannah Wheelman  
C/o of Bill Cole  
219 Debra Road  
Savannah, Georgia 31410