



SYRACUSE BICYCLE CYCLING CLUB

LAST NAME:

FIRST NAME:

EMAIL:

PHONE:

ADDRESS:

STATE:

ZIP:

SEX: M / F (CIRCLE ONE)

BIRTHDATE:

USA CYCLING MEMBERSHIP#:

EMERGENCY CONTACT INFO:

NAME:

CELL PHONE:

***Club Membership Dues: \$30 payable by check to Syracuse
Bicycle Cycling Club***