

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: info@innercitycycling.org www.innercitycycling.org

Membership Registration Form (Fee: \$25)

TODAY'S DATE:		DED DAVADI E TO	INNER CITY CYCLING	CONNECTION INC			
		se Print Clearly)	INNER CITT CICLING	CONNECTION, INC.			
Applicant Name		se i ilit oleariy)					
	Mr./Ms./Mrs.	First Name	M.I.	Last Name			
Mailing Address							
	Address		Street		Apt. #		
				ı			
		City		State	Zip Code		
Contact Information							
	Day Time Phone No.		Evening Phone No.	Cell Phone No.			
	Fax No.: ()						
	Email Address:						
	Birthday:						
. W. A.G. 11.10		ъ . Т	'	1	0.1. 1. 1.		
Are You A Cyclist?	Yes [] No []		ine Pay Via IC3 Website [] Ca JESTIONAIRE	ash [] Check [] Money	Order []		
(Please take a m	noment and answe		ow so that we can continu	ously improve on our qual	ity of service)		
How did you hear about		1		7	,		
Do you have any prior pr	rofessional bicycle racing	experience? If yes, how r	many years?				
Name of professional rac	es you participated						
Are there any professions							
Other service(s) or races develop	you would like to see IC	3					
Additional comment(s)		·					
			IIS FEE AND FILL OUT A M				
			TED UNDER APPLICATION Y ALSO PAY IN PERSON BY				
After filling the form out, please email it to info@innercitycycling.org 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			