

LEHIGH VALLEY CYCLING CLUB (LVCC)

MEMBERSHIP APPLICATION

Date: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

e-mail: _____

Phone: _____

Birthday: _____

Membership Plan:

_____ Individual \$20 per year

_____ Family \$35 per year

If Family, please list other family members below:

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To join the LVCC, visit www.lvcycling.club and use the “Join LVCC” tab in the main menu, or give this completed form with your cash or check, made out to LVCC, to a ride leader or other club member who has agreed to convey it to the LVCC membership committee.