

For Pedal Queens Purpose Only

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## Membership Application

[www.pedalqueens.com](http://www.pedalqueens.com)

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ May we contact you via phone or email? Yes\_\_ No\_\_

**Riding Level:** Beginner\_\_ Intermediate\_\_ Advanced\_\_ **Riding Type:** Road\_\_ Mountain\_\_ Both\_\_

Would you be interested in leading a group ride? Yes\_\_\_\_\_ No\_\_\_\_\_

Would you like to join a committee? Advocacy\_\_ Special Events\_\_ Rides\_\_ Welcome Committee\_\_

### **Pedal Queens Annual Membership Dues are \$25 - good for one calendar year.**

If you join after October 15th, your membership is good through Dec. of the following year. Membership includes organized rides, e-mail alerts, skills clinics, social events, IMBA club membership, volunteer activities, and much, much, more!

**Or join both Pedal Queens and the Bicycle Coalition of New Mexico for \$40.** In addition to the above benefits, you'll be supporting BCNM's efforts to make New Mexico a better place to bicycle, will receive their newsletter, be eligible for discounts on their training clinics, and more! Be sure to fill out the form at the bottom of the page if you choose this option. More info about BCNM can be found at [www.bikenm.org](http://www.bikenm.org).

*Pedal Queen member meetings are held on the 3<sup>rd</sup> Thursday of every other month. Meeting locations are TBA.*

#### Waiver of Liability:

In consideration of my membership into Pedal Queens, and of my own free will, my heirs, executors and administrators, forever waive, release and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injuries to me or my wrongful death) against the Pedal Queens and its Officers, Directors, employees, representatives, agents, and contractors. I fully realize the dangers of bicycling, which can include, but not be limited to, collision with pedestrians, vehicles, other riders, and fixed or moving objects. Dangers can arise from surface hazards, equipment failure, weather conditions or inadequate safety equipment. I assume all risks associated with such participation or while driving to or from bicycling events. I fully understand I am forever giving up, in advance, my right to sue or make any claim against the parties I am releasing if I suffer such injuries and damages, even though I do not know what or how extensive these injuries and damages might be, and am voluntarily assuming the risk of risk injuries and damages.

Signature: \_\_\_\_\_ Name(Print): \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail your application and dues to: Pedal Queens, 68 Camino Torcido Loop, Santa Fe, 87507.  
Checks may be made out to Pedal Queens.*

*If you are joining both Pedal Queens and Bicycle Coalition of New Mexico, please fill out this information:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_