

## Summit Biking Membership

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Local  
Address** \_\_\_\_\_

(if different)

\_\_\_\_\_

**Local Phone (or cell)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact  
Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

Please include a \$10 check made out to Summit Biking Inc. and bring to any ride or mail to:

Summit Biking Group  
c/o Norm Stoller, Treasurer  
P.O. Box 316  
Frisco, Colorado 80443