

**EMERALD COAST CYCLISTS
MEMBERSHIP APPLICATION**

Name: _____

Single: _____ Family: _____

If family, please list first names of all other members: _____

Address: _____

City, State, Zip: _____

Phone #s: Home _____ Work _____

E-Mail Address _____

Please indicate telephone numbers you would not mind sharing with club members (yes or no): Home: _____ Work: _____.
Publish Email address (yes or no). ECC prints a phone list to distribute to membership only in April and mails it with the Paceline.

YEARLY MEMBERSHIP DUES: \$25.00 (per rider)
Make checks payable to: Emerald Coast Cyclists

Mail to: Emerald Coast Cyclists
P. O. Box 592
Niceville, FL 32588

ECC RIDER PROFILE (OPTIONAL)

Name: _____ Age: _____

Type of rider: (Casual, Racer, Touring, Fitness) _____

List bicycles owned (Brand and type): _____

Club member since: _____

Favorite place to ride: _____

Personal best: _____

Goals for this year: _____

Emerald Coast Cyclists Club Policies

In order to reduce risk to all club members while participating in ECC-sanctioned events, all members must agree to abide by the following safety guidelines. It is everyone's responsibility to ride with safety in mind to protect ourselves and promote mutual respect with motorists.

1. Headphones/ear buds shall not be worn while riding. This is to ensure you can hear traffic and warnings from other riders.
2. Riders must wear ANSI-approved helmets.
3. When feasible, riders will not remain on paved roadways while stopped for breaks, mechanical repairs, etc.

By signing below, I promise to abide by ECC safety policies listed above.

Participant's Signature _____