

FSU CYCLING CLUB APPLICATION



MEMBERSHIP INFORMATION

Name	
FSU ID <i>(last 8 digits)</i>	
Preferred E-mail address	
Cell Phone Number	
Riding Style: <i>(circle all that apply)</i>	Road Mountain Triathlon Cyclocross Track BMX Commuter Other: _____
T-shirt size <i>(circle)</i>	Small Medium Large X-Large
Cycling Goal	

BIO INFORMATION - FOR TEAM ROSTER BIO PAGES

School Year:	
Major:	
Hometown:	
My Bikes:	
Cycling Achievements:	

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

MEMBERSHIP TYPE

Club Membership - \$25 or Race Team Membership - \$50 *(circle one)*