



Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Applicant Signature: _____

Date: _____

Annual Membership Fees: ___ Individual - \$20 ___ Family-\$40 ___ Full Time Student - \$5

A volunteer board elected by its members runs the NCCA. The NCCA needs volunteers in many areas in order for the organization to best serve its members and the community.

Please indicate below what you may want to assist us with. Thank you!

- ___ Ride Leader
- ___ Membership Services
- ___ Superior Vista Tour Volunteer
- ___ Trail & Bike Lane Development
- ___ Safety/Education
- ___ Board Member
- ___ Social Activities
- ___ Other _____

Send Payment and Application to:

NCCA
PO Box 254
Washburn, WI 54891

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Cycling Stronger Together