



Membership Application

We have two distinct memberships that offer a strong voice to preserve and increase mountain biking access on south Vancouver Island. **Supporting Member** and **Advocate Member**:

❖ Our Advocate Members add their voice to our efforts for increased land access and can take full advantage of our web resources.

❖ As a Supporting Member in addition to our web resources and being counted for our advocacy efforts you will receive:

✓ **Voting privileges:** at SIMBS general meetings

✓ **Mud News:** the option to receive mailed copies of our newsletter 6 times a year. Keep up to date with what is going on and who is doing it.

✓ **Membership card:** entitling you to discounts and benefits.

Membership renewal

First time member

\$20: Supporting Member

\$35: Supporting Family

\$10: Supporting Student

Free: Advocate Member

Name(s): _____

Address: _____ Postal Code: _____

Phone: _____ Municipality: _____

E-mail: _____

Newsletter delivered by: mail e-mail

Payment: Cheque

Credit Card payments via PayPal at www.simbs.com/html/applictn.htm

Would you like to volunteer for:

Trail Maintenance

Newsletter

Mapping

Advocacy

Fund Raising

Social or Youth activities

Other: _____

RELEASE AND INDEMNIFICATION

I, in consideration of my right to participate in events and otherwise to use the mountain bike trails at Mount Work/Hartland Park, assume all risks and hazards incidental to such participation and use and agree to release, absolve, save harmless and keep indemnified the South Island Mountain Bike Society and the Capital Regional District and their respective employees, officials, agents, servants, volunteers and representatives from and against all claims, actions, costs, expenses, and demands in respect to death, injury, loss or damage to person or property, howsoever caused, arising out of or in connection with taking part in this program. It is understood that this Agreement is to be binding on me, my heirs, administrators, executors and assigns.

Signed this _____ day of _____, 200 _____

Print Name _____ Signature _____

(Signature of Parent or Guardian required where releasor is under 19 years of age)

Thank You For Your Support!

South Island Mountain Bike Society PO Box 8145, Victoria, BC V8W 3R8

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