



LAKEVILLE CYCLING ASSOCIATION ANNUAL MEMBERSHIP 2024
MEMBER INFORMATION (name only for existing members):

Name/Company _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Email _____ Age _____

VOLUNTEER INTEREST/SUPPORT:

(circle all that apply)

What are your interests related to LCA and West Lake Marion Trail:

Sponsorship/ Public Relations/ Advocacy *Event Planning*

Trail Building/maintenance *Other ideas* _____ ?

More ideas _____ ?

TRAILWORK DONATIONS

Members who donate time for club sponsored trail-work sessions are comped for the annual renew fee. An individual can still elect to donate funds if desired.

MEMBERSHIP TYPE (circle one):

- LCA Member/Volunteer \$25
- Trail Worker Donation- 5 work sessions (3 for Juniors) completed
- LCA Junior member/Volunteer \$15
- Family membership \$50
- Super Supporter +\$50

Amount attached \$ _____

FINE PRINT: I understand that cycling is inherently dangerous and agree that I (including my heirs or successors of interest) will not hold LCA liable for any injuries I may sustain or property damaged I might incur during my participation.

Signature: _____ Juniors ONLY: _____
(parent/guardian)

SEND APPLICATION AND CHECK TO: LAKEVILLE CYCLING ASSOCIATION
c/o Linda Jensen 19521 Iredell Court Lakeville, MN 55044