RTUC Single: \$20 + USA Single: \$25 = \$45 RTUC Family: \$35 + USA Family: \$45 = \$80

Cash \$\_\_\_\_ Check \$\_\_\_ Uni-Money \$\_\_\_ Uni-Money may be used only toward RTUC membership

## RTUC Family Membership Information Form

Please completely fill in this form.

Turn this in – along with your USA membership form, a signed waiver and cash or check.

\*\*\*Riders younger than 16 must have a family membership.

## Please print

Surname:	Date:				
Address:	City:		Zip:		
Home Phone:	Alternate Phone: (cell ) (wk )				
E-mail address:	ave access to an e-mail account, you can check	You wi	ll receive updates of club call a club director for up	activities odates.	
Emergency contact:		Phone No	0		
Health Insurer:	Allerg	Type	Name of Family Member		
	ation is needed for liability insurance pu e or performance participant (walker or l		nily member who ride	es a	
<u>Given Name</u>	Surname or E-mail address (if different from above)	Birth Date	USA Mbr. No. (Must be active)	<u>Level</u>	
non-custodial parents, gr	nily members who neither ride nor serve as randparents, etc. who may occasionally tran a active family but will not be covered by the	sport and supervise	young riders.) These p		
<u>Given Name</u>	Surname (if different from above)		Phone or e-mail address (if different from above)		

Additional information may be written on the back.