



Membership Application Form

Name: _____

Family / Household member:

Street: _____

Name: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____

Email: _____

☐ Check here to receive our digital Newsletter.

☐ Check here if family member would like separate digital newsletter.

Optional Questions (circle one):

Age: 18-25 26-35 36-45 46-55 56-65 over 66

Gender: Male Female Prefer not to say Prefer to self describe _____

Would you like to be contacted regarding volunteer opportunities? Yes No

	One-Year	Two-Year
Advocate	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Benefactor	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175
Contributor	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
Family/Household	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80
Individual	<input type="checkbox"/> \$35	<input type="checkbox"/> \$60
Student	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20
Business	<input type="checkbox"/> \$100	<input type="checkbox"/> \$180

Make Checks Payable to:

GEARs Cycling Club

Mail to:

GEARs Cycling Club
PO Box 10244
Eugene, Or. 97440

Business members are listed on our website and in our newsletter.

Please note: Membership dues made to GEARs are not tax deductible.