

**Somerset Wheelmen**  
131 Spring Hill Road  
Skillman, New Jersey 08558

Do Not Write  
in This Space  
PD \_\_\_\_\_  
DB \_\_\_\_\_  
FWD \_\_\_\_\_

New Member?  Yes  No

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip : \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Fax number: \_\_\_\_\_ M D Y

Please list other cycling clubs you have been a member of:

USCF License: \_\_\_\_\_ Class: \_\_\_\_\_ Category: \_\_\_\_\_

Clothing Sizes: Cycling Jersey \_\_\_\_\_ Cycling Shorts \_\_\_\_\_

Dues apply to membership from application date to Dec. 31, 2001.

\_\_\_\_\_ Junior or Associate \$ 20.00

\_\_\_\_\_ Senior Men and Women \$ 25.00

\_\_\_\_\_ Family Membership \$ 35.00

If accepted as a member of the Somerset Wheelmen, I promise to abide by the Constitution and By-Laws of the club and such other rules and regulations as may be adopted. I apply for membership in good faith and intend to race under the Somerset Wheelmen colors for the entire year. If I wish to terminate my membership before the end of the period, the club may refuse to release me.

\_\_\_\_\_  
Signature Date

If applicant is a minor, parent or guardian should sign below.

Send completed form and check made out to Somerset Wheelmen to:

**Larry Dudek**  
131 Spring Hill Road  
Skillman, NJ 08558

For further information call:

**Joe Saling**  
(908) 725-3146

**Jon Zaccagnino**  
(908) 996-2040

**The Somerset Wheelmen**  
131 Spring Hill Road  
Skillman, N.J. 08558



