



WISCONSIN BIKE FED

If someone encouraged you to join the Bike Fed, please list his/her name here--> They could win a prize!

Name: _____

Email: _____

Address: _____

If paying by credit card, please be sure to list your billing address.

City: _____ State: _____ Zip: _____

Phone: _____

I want the chance to win a Trek Travel trip to Utah. I accept the contest terms and conditions and allow my email address to be shared with Trek Travel.

Referral: _____

MEMBERSHIP

Annual membership levels:

- _____ **\$50 Tandem*** _____ **\$65 Advocate***
- _____ **\$35 Pedaler** _____ **\$125 Trailblazer***
- _____ **\$25 Web-only** _____ **\$250 Benefactor***

**These levels include an optional additional member:*

Name: _____

Email: _____

Monthly sustaining membership levels:

- _____ **\$_____ Monthly Sustainer* (\$5 min.)**
- _____ **\$10 Monthly Sustainer***

Choose your optional free gift:

(levels of \$65 annually/\$5 monthly or above)

- Bike Fed Socks - \$65 annually/\$5 monthly+
- Bike Fed Shirt - \$125 annually/\$10 monthly+
- Bike Fed Jersey - \$250 annually/\$25 monthly+
- No thanks, I prefer that my entire contribution goes toward promoting bicycling in Wisconsin.

New Membership

Renewal

Membership contributions are tax-deductible, minus the value of the optional membership gift.

TOTAL PURCHASE PAYMENT

_____ **Total Membership**

_____ **Additional Donation**

TOTAL AMOUNT DUE

Check (to Wisconsin Bike Fed) *Master Card* *Visa*

CC #: - -

Exp: / Security code (back of card):

Signature: _____

Monthly contribution terms: I understand this charge to my credit card will remain in effect until I notify the Wisconsin Bike Fed that I wish to end this agreement. I agree to a minimum commitment of at least 12 monthly payments.

Mail to: Attn: Membership
Wisconsin Bike Fed
3618 West Pierce Street
Milwaukee, WI 53215



Questions?
Call 414-431-1798