



**WISCONSIN
BIKE FED**

Share Your Support for Cycling in WI

Primary Name (First, Last) _____

Additional Adult Name at same residence, if applicable (First, Last) _____

Address/City/State/Zip _____

Email Address _____ Phone Number _____

Ride Guide Preference: Please mail a printed copy Please email a digital copy

May we share your contact information with other organizations that are relevant to your interests? Yes, it is okay to share No, please do not share

Are you a member of a bike club or team? If yes, club/team name: _____

Employer Name (if applicable) _____

Total Amount of Gift/Check Enclosed (*Payable to Wisconsin Bike Fed*): \$ _____

Please Mail this Form with Payment to:

Wisconsin Bike Fed
612 W Main St – Suite 200
Madison, WI 53703-4714

For credit card, monthly sustaining & annual renewing transactions, please visit WisconsinBikeFed.org.

You may anticipate receiving a thank you letter by mail approximately 4 weeks after payment has been processed.

THANKS for your support to help move cycling forward in Wisconsin!

Questions? WisconsinBikeFed.org | 414-626-1540 | membership@wisconsinbikefed.org