

Membership Form

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

Please add me to your email newsletter

I am also interested in hearing more about the following topics:

- Trail Advocacy
- Being a Trail Crew Leader
- Being a Social Ride Leader
- Helping Grow Membership
- Helping with Social Media and the BMA Web Site
- Being a Bike Patroller

Please select a level:

- \$480 - Silver Saddle
- \$240 - Trail Builder
- \$120 - Friend
- \$ 84 - Trail Breaker
- \$ 50 - Family/Contributor
- \$ 30 - Supporter

Please return this completed form along with a check made payable to BMA to:

Boulder Mountainbike Alliance
PO Box 4954
Boulder, CO 80306