



Boulder Mountainbike Alliance Membership Form

YES! I want to join BMA or renew my membership!

Please select a level:

- \$100 BMA big wheel**
- \$50 family**
- \$40 supporting**
- \$25 individual**
- \$15 limited income**
- Other (every \$ counts)**

Name: _____

Address: _____

Phone: _____

For BMA news, include your email here: _____

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

**BMA,
P.O. Box 4954,
Boulder, CO 80306**

Please contact me. I would like to know more about or help with the following (please check all that interest you):

- trail advocacy**
- trail crew leader**
- social ride leader**
- membership/events**
- website**
- bike patrol**