

Become a member now!

Fill out this form and send it in.

Membership Fees

- | | 1 yr. | 2 yrs. |
|--|--------|--------|
| <input type="checkbox"/> Individual | \$25 | \$45 |
| <input type="checkbox"/> Household/Family | \$35 | \$60 |
| <input type="checkbox"/> Business | \$70 | \$125 |
| <input type="checkbox"/> Benefactor | \$100+ | |
| <input type="checkbox"/> Volunteer 6 hours | | |
| <input type="checkbox"/> Additional Contribution _____ | | |

Please bill my Visa Mastercard

Card # _____

Expires _____ Sign _____

I would like to help by:

- | | |
|--|---|
| <input type="checkbox"/> Advocacy projects | <input type="checkbox"/> Publicity or Graphics |
| <input type="checkbox"/> Bike Safety Classes | <input type="checkbox"/> Social Media Guru |
| <input type="checkbox"/> Bike To Work Day | <input type="checkbox"/> Treasurer or Bookkeeper |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Valet bike parking |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Events and Entertainment |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Website Maintenance |
| <input type="checkbox"/> Membership/data entry | <input type="checkbox"/> Anything Else? |

Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Email _____

Phone _____

*We do not share your information with anyone
(except East Bay Bicycle Coalition)*

**Attach a check made payable to BikeAlameda.
Send to: PO Box 2752, Alameda CA 94501**

This is a renewal