



Membership Application or Information Change Form

RENEWAL
 NEW MEMBERSHIP
 CHANGE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL(S)
ADDRESS, LINE 1		ADDRESS, LINE 2
CITY	STATE (Province)	ZIP
PHONE	ALT. PHONE	COUNTY
EMAIL	T-SHIRT SIZE	DATE OF BIRTH
EMERGENCY CONTACT & PHONE NUMBER		

YEARLY MEMBERSHIP OPTIONS:

(All memberships are for 1 year.)

- \$25 – ***Basic, Student, Military***
- \$35 – ***Standard***
- \$60 – ***Supporter***
- \$120 – ***Advocate***
- \$300 – ***Believer***
- \$600 – ***Champion***
- \$1200 – ***John B. Kelly Hui***

Additional Household Family Members:

(\$10 each with Basic, Standard, & Supporter
Free with Advocate, Believer, Champion & JBK)

Name _____ Email _____

Time & Expertise: Interest in volunteering:

- Advocacy Event Planning
- Membership Mountain Biking
- Communications BikeED™ Hawaii

Make checks payable to:
Hawaii Bicycling League
 Mail, Fax, or e-mail your form to:
 ☐ 3442 Waialae Avenue, Suite 1
 Honolulu, HI 96816
 ☎ 808-735-5756 • Fax 735-7989
 ☐ www.hbl.org bicycle@hbl.org

JOIN HAWAII BICYCLING LEAGUE
 TODAY! www.hbl.org

Credit Card Information	
Name _____	
# _____	
Exp Date ___/___ CVV Code _____	
Signature _____	
OFFICE USE ONLY:	TOTAL CHARGES:
	Membership _____
	Family Mem _____
Version 7.2014	Total: _____