

**WISCONSIN CYCLING ASSOCIATION CLUB APPLICATION 2006**

Club Name: \_\_\_\_\_

Member Club Web Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fee: \$125.00 payable to Wisconsin Cycling Association  
\$150.00 after January 22nd, 2006

Send Form and Check to: WCA  
(Or bring to the meeting.) c/o Amy Miller  
4458 North Larkin Street  
Shorewood, WI 53211