



In order for **CIBA** to continue as the strong club we are now, we need your **VOLUNTEER ASSISTANCE**. Please indicate below how you would like to help.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (Home) _____ (Cell) _____

E-mail Address: _____

If you have a particular area you would like to volunteer for please mark the area below.

- A. _____ Membership
- B. _____ Newsletter
- C. _____ Public Relations
- D. _____ Ride Leader / Ride Support / Ride Committee
- E. _____ Commuter
- F. _____ Awards / Merchandise
- G. _____ Local Advocacy / Trail development
- H. _____ Safety and Education
- I. _____ Hilly Hundred
- J. _____ N.I.T.E. Ride
- K. _____ Pedal and Park
- L. _____ Tandems (HOOTs)
- M. _____ CIBA Kids Club
- N. _____ Website
- O. _____ Other

If volunteers are needed in an area you did not mark, may we call you? _____ Yes _____ No

Please make copies of this form and submit one for each member of the family who wants to volunteer.

Membership Chairmen • Central Indiana Bicycling Association, Inc. • 10901 Marquette Rd. • Zionsville, IN 46077