

The Rhode Island Bicycle Coalition

Membership Application Form



Thank you for joining The Rhode Island Bicycle Coalition (RIBike). Please print out and fill in this membership form. Once completed, mail this form along with payment to:

The Rhode Island Bicycle Coalition
P.O. Box 2454
Providence, RI 02906

Member Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Membership Type: (circle one)

Level	Annual Membership Dues
Individual	\$25
Family	\$40
Sustainer	\$100

Please include check payable to **The Rhode Island Bicycle Coalition**.

For more information on membership and benefits, or to join online, visit <http://ribike.org/join>