



## Membership

Please print and fill out this form:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Annual membership fee is \$5.

Please make payment to **United States Deaf Cycling Association** and send it with this form to:

dVELO Cycling  
c/o Ralph Fernandez  
1230 Oates Street NE  
Washington, DC 20002

*Thank you for joining dVELO!*