BIKE DELAWARE EVENT MEMBERSHIP

Event: **Cycling Season Opener**! Date: March 22, 2011

Name: _____

Address: _____

City: _____ State:_____ Zip:_____

Phone: Home_(____)_____ Other_(____)_____

E-Mail:_____

Please indicate how you would like to participate with Bike Delaware as a member:

____ Board Member ____ Committee Member ___ General Member

____ Attending Public Workshops ____ Monitoring Action Alerts ___ Manning a Booth at an Event

____ Sponsorship ____ Help with one of our 2011 goals ____Other: _____

Donation: ____Event Entry $25 ___ Silver Membership $50 ___Gold Membership $100

____ Event Entry at Door $30

PLEASE DETACH AND MAIL TO BIKE DELAWARE

WWW.BIKEDE.ORG

Your Voice For Bicycling in the First State!

BIKE DELAWARE
c/o Gail E. Robillard
PO Box 9456
Wilmington, DE 19809

DONATION RECEIPT

Cycling Season Opener Donation Amount:_____

Thank you for supporting Bike Delaware and our efforts to promote bicycling as a healthy alternative to driving and to advocate safe provisions within our transportation system. Donors of $100 or more will be recognized as Sponsors. Their names and/or logos will be displayed on the Sponsor webpage of the Bike DE website.