

**Membership Form  
Freewheelers of Spartanburg  
Po Box 6171  
Spartanburg, SC 29304**



**Date** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address 1** \_\_\_\_\_

**Address 2** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone** \_\_\_\_\_

**Individual Membership: \$35.00** \_\_\_\_\_

**Family Membership: \$50.00** \_\_\_\_\_

**Additional Family Members (if family membership)**

\_\_\_\_\_  
\_\_\_\_\_

**Make checks payable to "Freewheelers of Spartanburg", write "membership" on the memo line, and mail with this form to address above.**