

OREGON BICYCLE RACING ASSOCIATION

2006 Annual License Application

Complete the following information

Today's Date: _____
 Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Date of Birth _____
 Email _____ Club/Team _____
 Occupation _____ Phone - Work (____) _____

Fees:

Adult membership \$20
 Juniors 18* & under Free
*age as of 12/31/2006
 Non-Race Supporter \$5

Choose disciplines you will race

Road
 Track
 Mountain Bike
 Cyclocross

Questions? Call 503-667-6220 or online @ www.obra.org

Check all that apply

ROAD CATEGORIES/ CLASS			MOUNTAIN BIKE CATEGORIES/ CLASS		
Road	Track	Cyclocross	Men's XC	Women's XC	DH
<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> Pro	<input type="checkbox"/> Pro/Expert	<input type="checkbox"/> Pro
<input type="checkbox"/> II	<input type="checkbox"/> II	<input type="checkbox"/> B	<input type="checkbox"/> Semi Pro	<input type="checkbox"/> Sport	<input type="checkbox"/> Semi Pro
<input type="checkbox"/> III	<input type="checkbox"/> III	<input type="checkbox"/> C	<input type="checkbox"/> Expert 19-39	<input type="checkbox"/> Beginner	<input type="checkbox"/> Expert
<input type="checkbox"/> IV	<input type="checkbox"/> IV	<input type="checkbox"/> Beginner	<input type="checkbox"/> Expert 40+	<input type="checkbox"/> Junior 0-18	<input type="checkbox"/> Sport
<input type="checkbox"/> V	<input type="checkbox"/> V		<input type="checkbox"/> Sport 19-39		<input type="checkbox"/> Beginner
Class:			<input type="checkbox"/> Sport 40+		
<input type="checkbox"/> Junior 0-18	<input type="checkbox"/> Master 40+	<input type="checkbox"/> Men	<input type="checkbox"/> Beginner 19-39		
<input type="checkbox"/> Senior 19-39		<input type="checkbox"/> Women	<input type="checkbox"/> Beginner 40+		
<p><i>If this is a new membership, you will assigned Category 5 or Beginner. If you have previous racing experience, you will need to provide documentation to race another category.</i></p> <p><i>Upgrades considered upon request. Submit a race resume.</i></p> <p><i>Your racing age is your age on December 31, 2006</i></p>			<input type="checkbox"/> Junior 0-14 (Junior varsity)		
			<input type="checkbox"/> Junior 15-18 (Varsity)		
			<input type="checkbox"/> Junior 15-18 (Junior varsity)		
			<input type="checkbox"/> Single Speed		
Interests:					
<input type="checkbox"/> Road	<input type="checkbox"/> Track	<input type="checkbox"/> Cyclocross	<input type="checkbox"/> Time Trial	<input type="checkbox"/> Tandem	
<input type="checkbox"/> Mtn Bike	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Race Promotion	<input type="checkbox"/> Official	<input type="checkbox"/> Volunteer	

JOIN THE OREGON BICYCLE RACING ASSOCIATION AND HELP SUPPORT THE SPORT OF BICYCLE RACING IN OREGON. OBRA HELPS YOU BY PROVIDING SUPPORT TO BICYCLE RACE PROMOTERS AS WELL AS RACERS.

Send the completed form along with a check payable to OBRA to:

OBRA Membership
 P.O. Box 16355
 Portland, OR 97292

or sign up online:
www.signmeupsports.com



OBRA

OREGON BICYCLE RACING ASSOCIATION
 P.O. Box 16355 PORTLAND, OREGON 97292



For Official Use Only:

Membership# _____ Road # _____ SS# _____ XC # _____ DH # _____
 XC DH DS OT Upgrade _____ Old # _____

Fee paid: \$ _____