

OREGON BICYCLE RACING ASSOCIATION

Annual License Application

Complete the following information

Today's Date: _____ **PRINT CLEARLY**

Name: _____

Mailing Address: _____

City _____

State ____ Zip _____ Country _____

Contact Phone (____) _____ Mo/Yr of Birth _____

Email _____

Club/Team _____

Occupation _____

If you were a member last year, do you have your plastic membership card?
 Yes No

Help OBRA save money and trees. Would you like to receive mailings in electronic format? Yes No (If yes, make sure your e-mail is legible)

Fees:

Adult membership \$35

U21 membership \$10
 *age as of 12/31 of current year.

Optional Donation to OBRA- Your donation is tax deductible.
 \$ _____

Total \$ _____

If you wish to use a credit card please sign up online.

Questions? E-mail membership@obra.org or visit www.obra.org

CHECK ONLY THE CATEGORIES YOU WILL RACE

ROAD CATEGORIES/ CLASS			MOUNTAIN BIKE CATEGORIES/ CLASS	
Road	Track	Cyclocross	XC/STXC MTB	DH/SD MTB
<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> A /1	<input type="checkbox"/> Elite	<input type="checkbox"/> Elite
<input type="checkbox"/> II	<input type="checkbox"/> II	<input type="checkbox"/> B /2	<input type="checkbox"/> I	<input type="checkbox"/> I
<input type="checkbox"/> III	<input type="checkbox"/> III	<input type="checkbox"/> C /3	<input type="checkbox"/> II	<input type="checkbox"/> II
<input type="checkbox"/> IV	<input type="checkbox"/> IV	<input type="checkbox"/> Beginner 4/5	<input type="checkbox"/> III (Beginner)	<input type="checkbox"/> III (Beginner)
<input type="checkbox"/> V	<input type="checkbox"/> V	<input type="checkbox"/> Single Speed <input type="checkbox"/> Clydesdale	<input type="checkbox"/> Single Speed <input type="checkbox"/> Clydesdale	

If you have been a previous member and are racing road or track, you will be assigned the category that exists in our database. If you are unsure, e-mail membership@obra.org.

If this is a new membership, you will be assigned Category 5 or Beginner. If you have previous racing experience, you will need to provide documentation to race another category. Upgrades considered upon request. Submit a race resume.

Your racing age is your age on December 31 of the current year. Memberships expire Dec. 31 of this year.

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

**OBRA Membership
 PO Box 13002
 Portland, OR 97213**

or sign up online:
www.obra.org/membership/new

Interests: Volunteer Official Race Promotion Joining a Team

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.

For Official Use Only:	Fee paid: \$ _____
Road # _____ SS# _____ XC # _____ DH # _____	Rev. 12.12.14