

# OREGON BICYCLE RACING ASSOCIATION

## Annual License Application

### Complete the following information

<p><b>PLEASE PRINT CLEARLY</b>      Today's Date: _____</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip: _____ Country: _____</p> <p>Contact: Phone: _____ DOB: mo__ day__ year__</p> <p>Email: _____</p> <p>Club/Team: _____</p> <p>Occupation: _____</p> <p><i>If you were a member last year do you have your plastic membership card?</i>   <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide your OBRA membership number: _____</p> <p>Help OBRA save money and trees. Would you like to receive information via email?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No <i>(If yes, make sure your email is legible)</i></p>	<p><b>Fees:</b></p> <p>Adult Membership   <input type="checkbox"/> \$50</p> <p>U21 membership      <input type="checkbox"/> \$10</p> <p>Junior 18 &amp; under   <input type="checkbox"/> Free</p> <p><i>*Age as of 12/31 of current year.</i></p> <p><i>Optional Donation to OBRA</i> Your donation is tax deductible.</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">Total \$ _____</p> <p>If you wish to use a credit card please sign up online.</p>
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**Questions? Email [membership@obra.org](mailto:membership@obra.org) or visit [www.obra.org](http://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="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> Elite	<input type="radio"/> Elite
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 3 (Novice)
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 3 (Novice)	
<input type="radio"/> 5 (Novice)	<input type="radio"/> 5 (Novice)	<input type="radio"/> 5 (Novice)		
<p><i>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, email <a href="mailto:membership@obra.org">membership@obra.org</a>.</i></p> <p><i>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.</i></p> <p><i>Your racing age is your age on December 31 of the current year. Memberships expire Dec. 31 of this year.</i></p>			<p>Send the completed form along with a check payable to OBRA to:</p> <p style="text-align: center;"><b>OBRA Membership</b> P.O. Box 13002 Portland, OR 97213</p> <p style="text-align: center;"><i>or signup online:</i> <a href="http://www.obra.org/membership/new">www.obra.org/membership/new</a></p>	
<p>INTERESTS:      <input type="checkbox"/> Volunteer      <input type="checkbox"/> Official      <input type="checkbox"/> Race Promotion      <input type="checkbox"/> Joining a team</p>				

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. 02/28/20
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