Member Survey

Please complete and return at your earliest convenience. Include it with your '08 Membership Application if you prefer.

Name:
Age:
Number of years riding:
Preferred bicycle:

1.) What types of cycling interest you? (Check all that apply.)
_____Road _____Mountain _____Century ____Racing
_____Family rides _____Tandem _____Cyclo-Cross ____Track
_____Other (please specify)

2.) Rate your riding ability: _____Novice (<15 mph)
_____Intermediate (15-20 mph) _____Advanced (20+mph)

3.) In which club activities will you participate? _____Repair clinics _____Century rides _____Racing Events _____Time Trial
_____Coaching _____Beginner Clinics _____Training Rides
_____Touring _____Other (please specify)

4.) Are you interested in leading a ride? If so, on what days and times? Mountain or Road?

5.) What matters to you most in a cycling club? What can the leadership do to help you make the most of your club membership?

Return to Monticello Cycling Club
P.O. Box 5294
Vacaville, CA 95688