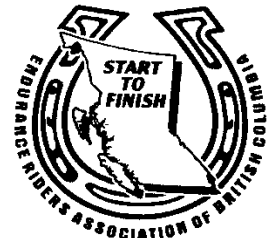




Combined Mileage Incentive Program

Application Form 2015



Please send this completed form no later than two weeks after the last ride of the season to Points and Mileage Caretaker:

Sharon Michno
4059 Steede Ave
Port Alberni, BC V9Y 5J2
Phone: 250-720-6512 email: smichno@telus.net

Rider's name: _____ Phone: _____

Address: _____

Name of ride	Date	Miles	ER (check)	CTR (check)			Name of ride manager	Signature of ride manager*	
				Level	DIV				
				1	2	3	J	LW	HW

The rider named must have been a current paid up member of either BCCTRA or ERABC at the time of the ride and have ridden in a minimum of 1 CTR and ER in 2015 to qualify. If the form is filled out after the ride manager can sign the form, then proof of ride results should be attached to the application indicating participation.