

OREGON BICYCLE RACING ASSOCIATION

Annual License Application

Complete the following information

PLEASE PRINT CLEARLY

Today's Date: _____

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Contact: Phone: _____ DOB: mo__ day__ year__

Email: _____

Club/Team: _____

Occupation: _____

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

If yes, please provide your OBRA membership number: _____

Help OBRA save money and trees. Would you like to receive information via email?

☐ Yes ☐ No (If yes, make sure your email is legible)

Fees:

Adult Membership ☐ \$40

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? Email 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="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)		

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 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

P.O. Box 13002
Portland, OR 97213

or signup 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. 02/28/20