



MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELE DAY: _____ TELE: EVE: _____

TELE CELL: _____ TELE: FAX _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

YEARS RIDING: _____

MOTORCYCLE (S) OWNED: _____

IN CONSIDERATION OF MY MEMBERSHIP IN THE CHAIWAY RIDERS MOTORCYCLE CLUB. I HEREBY RELEASE, INDEMNIFY AND FOREVER DISCHARGE THE CHAIWAY RIDERS MOTORCYCLE CLUB FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS AND DEMANDS FOR DAMAGES, LOSS OR INJURY, ARISING IN ANY MANNER, WHICH MAY SUSTAINED BY ME IN ANY CLUB ORGANIZED ACTIVITIES, EVENTS OR MEETING; INCLUDING BUT NOT LIMITED TO CLAIMS UNDER ANY LEGISLATION AND ALL DAMAGE LOSS AND INJURY WHICH ARISE IN THE FUTURE, AND ALL SUBSEQUENT EFFECTS AND CONSEQUENCES, AND FOR THE SAME CONSIDERATION, I FURTHER AGREE NOT TO MAKE ANY CLAIM OR TAKE ANY PROCEEDINGS AGAINST ANY OTHER PERSON OR ENTITY WHO MIGHT CLAIM CONTRIBUTION OR INDEMNITY FROM CHAIWAY RIDERS MOTORCYCLE CLUB OR ITS MEMBERS.

SIGNATURE: _____ DATE: _____

PAYMENT:	MEMBER	\$ 36.00 ANNUAL
	ASSOCIATE MEMBER/SPOUSE	\$ 18.00 ANNUAL