

Begin submitting renewals September 2016

Mid-Michigan Motorcyclist 2017 Membership Application

PLEASE PRINT CLEARLY
Include complete information
ONE member per application
Signature required on release

Renewal New Membership

NAME _____

'X' this box if you can be contacted to assist a member in the event of a breakdown.

Ex: tow trailer, shelter, tools, etc.

Annual Membership dues: \$12.00 per person

TOTAL ENCLOSED: _____

HD Year/Model _____

RESTRICT

access to your personal info by entering a



in the box next to your restriction

PRIMARY ADDRESS

Approx. Dates: _____ thru _____ (so you'll get your newsletter wherever you live!)

Address: _____ City: _____ State: _____ Zip: _____

Phone: HOME: () CELL: ()

eMail: _____ @ _____ **EMAIL NEWSLETTER? (circle) Y / N**

SECONDARY ADDRESS (use only if you spend part of the year at a secondary address)

Approx. Dates: _____ thru _____ (so you'll get your newsletter wherever you live!)

Address: _____ City: _____ State: _____ Zip: _____

Phone: HOME: () CELL: ()

eMail: _____ @ _____ **EMAIL NEWSLETTER? (circle) Y / N**

Mid-Michigan Motorcyclist is a non-profit, independent Harley-Davidson motorcycle riding group not affiliated with any other group, business or organization.

THIS IS A RELEASE, READ BEFORE SIGNING

I agree that Mid-Michigan Motorcyclist, and Mid-Michigan Motorcyclist members shall not be liable or responsible for damage to property or any injury to persons including myself during any Mid-Michigan Motorcyclist activities, even where the damage or injury is caused by neglect (except willful neglect). I understand that and agree all Mid-Michigan Motorcyclist members and their guest participate voluntarily and at their own risk in all Mid-Michigan Motorcyclist activities. I release and hold Mid-Michigan Motorcyclist members harmless for any injury or loss to my person or property which may result therefrom. I understand that this means that I agree not to sue Mid-Michigan Motorcyclist, and Mid-Michigan Motorcyclist members for any injury resulting to myself or my property in connection with any Mid-Michigan Motorcyclist activities.

I HAVE READ THE ABOVE RELEASE

MEMBER SIGNATURE: _____ DATE: _____

DIRECTOR APPROVAL: _____ DATE: _____

Please make checks payable to:
Mid-Michigan Motorcyclist
and return to

Membership Chair **Lori Shepard**
Mid-Michigan Motorcyclist Membership
PO Box 243
St Johns MI 48879

Questions may be directed to Lori @ 517-819-2354