

Begin submitting renewals September 2018

Mid-Michigan Motorcyclist

2019 Membership Application

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

Renewal New Membership

NAME _____

TOTAL ENCLOSED _____

Annual Membership Dues: \$12.00 pp

HD Year/Model _____

Select this box if you can be contacted to assist a member in the event of a breakdown.
Ex: tow trailer, shelter, tools... etc.

PRIMARY ADDRESS	Emailed Newsletter (Circle)	Yes	No
When are you here?	Month: _____	thru	Month: _____
<input type="checkbox"/> *Address _____			
City _____	State _____	Zip _____	
<input type="checkbox"/> *Primary phone _____	<input type="checkbox"/> *Email _____		
Check the box ONLY if you wish to RESTRICT this info FROM the general membership			

SECONDARY ADDRESS	Emailed Newsletter (Circle)	Yes	No
When are you here?	Month: _____	thru	Month: _____
<input type="checkbox"/> *Address _____			
City _____	State _____	Zip _____	
<input type="checkbox"/> *Primary phone _____	<input type="checkbox"/> *Email _____		
Check the box ONLY if you wish to RESTRICT this info FROM the general membership			

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 activities.

I HAVE READ THE ABOVE RELEASE

Member Signature _____ Date _____

Director Signature _____ Date _____

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

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**