Crusaders Riding Club Membership Application



Application Type: Rider \$25 Associ	iate (Non-	Rider) \$10 [Patro	on \$25				•
First Name	MI	Last Name				DOB_		
City								
Telephone: ()	Cell ()		Email_	- > =			
Driver's License Number	Expiration	on/_	/	_ MC Endorser	nent Yes	No Y	Years Ridir	ıg
Emergency Contact	Telep	hone: ()		_ Cell ()	
Motorcycle Information								
YearMake		Mode	L				Displacen	nent
Insurance CoPolice	cy Numbe	er		Renewal Date_	//_	I	License Pla	ıte
Other motorcycle club affiliations or members	ships? Plea	ase list:						
How did you hear about us? Referred by: (Name of Member)								
☐ Website ☐ Facebook ☐ Ride or Event								
	_							
Waiver of Liability and Release:								
The receipt and sufficiency of which is acknown and finally waive, discharge, release and hold lofficials, Road Captains, Sponsors, members of suits, whether known or unknown, fully, finally and agrees the activities of the event are dangerisk of serious injury and/or property damage. and motorcycle insurance and assumes all respectub may conduct a ride or other activity.	harmless the volunteer y and forest rous and the Under	he Crusaders ers assisting in ver by the sig he hazards as rsigned certifi	Riding Con events to the control of	Club and all executereof, from any his waiver. The with riding moto e/she is in posse	cutives, off y and all li Undersign orcycles in ession of a	ficers, dability, and expose these of valid m	directors, m , claims, do ressly ackr events invo notorcycle	nanagement emands, nowledges blve the license
The Undersigned further expressly agrees the finclusive as as is permitted by the state in which not withstanding, continue in full force and eff	ch it is ope							
The Undersigned certifies this document has be LIABILITY AND INDEMNITY AGREEMEN or other drug that may impair his/her understar apart from the foregoing written agreement have	NT, and funding or ju	rther agrees to adgment, and	hat he/sh	e is not under th	e influence	e of any	y narcotic,	alcohol,
Signature:				Da	ate/	<i></i>	_/	
I hereby affirm that the information provided o Crusaders Riding Club.	n this app!	lication is acc	urate and	d truthful and ma	ake applica	ation to	the .	
Signature:				Da	ate/	/	_/	
TO BE COMPL have reviewed this application from the above after verification and approved for membership	applicant	and certify th	nat his/he					pted

Club Representative Signature ______ Date ____/