



TOURING MOTORCYCLE ASSOCIATION MANITOBA INC.

MEMBERSHIP APPLICATION

LAST NAME	FIRST NAME	INITIAL	OPTIONAL: Male <input type="checkbox"/>
			Female <input type="checkbox"/>
			Age: _____

ADDRESS	CITY	POSTAL CODE	TELEPHONE#
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EMAIL ADDRESS (Important)	CELL#	FAX#
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Are you interested in volunteering your time and motorcycle for community events such as parades, marathons, fund raising events, social functions etc.? YES NO

Are you interested in volunteering for a position on the executive committee? If yes, what would interest you?

Would you like to receive your newsletter via email? YES NO

Motorcycle Information	Year	Make	Model	Size	Colour	C.B. Equipped	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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In case of emergency, please contact:

Medical Number:

Name:

Relation:

Telephone Number:

Name:

Relation:

Telephone Number:

Have you any medical conditions that may need to be considered in the event of an emergency? If yes, please specify:

General Comments & Suggestions:

Annual membership fee payable at time of joining. Please make cheques payable to: TOURING MOTORCYCLE ASSOCIATION MANITOBA INC. Please do not mail cash. \$25.00 membership fee includes card and entitles you and your co-rider to attend association meetings, rides, functions (There may be nominal fees for specific family events or functions.)

Attn: Membership Coordinator. Prospective members should familiarize themselves with the TMA Group Safe riding practices. The TMA Executive reserves the right to refuse Membership Applications or revoke TMA membership for failure to adhere to these safe riding practices. (In this event, membership fees would be fully refunded.)

Please read, sign and date Liability Waiver on reverse

TOURING MOTORCYCLE ASSOCIATION MANITOBA INC.

LIABILITY WAIVER FORM

MUST BE COMPLETED BY ALL MEMBERS

MEMBER'S NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

The Touring Motorcycle Association Manitoba Incorporated, its Executive, Directors and Volunteers take every reasonable precaution to ensure the safe participation of its members in all association activities.

Safe riding formation and safety habits are stressed. Ride Captains carry a list of member medical numbers and emergency contacts. Cellular telephones and first aid kits are carried. Lead and tail motorcycles are equipped with CB radios for ongoing ride supervision and communication.

Experience has shown that motorcycle accidents can and do occur. Every reasonable step will be taken to avoid accidents. Should an accident occur, your immediate safety and emergency medical treatment, where required, will be our primary concern. We reserve the right to administer emergency first aid treatment to prolong life and avoid further injury until emergency aid arrives.

*I hereby release the **TOURING MOTORCYCLE ASSOCIATION MANITOBA INCORPORATED**, its Executive and Directors and their heirs and successors from all claims for damages arising from my participation in the activities of the Association, however caused.*

Member's Signature

Date

Witness Signature

Associate Member's Signature

Date

Witness Signature