

OUT-OF-TOWN MEMBERSHIP ENROLLMENT 2019

If mailing application, send to:
Last Chance Riders Association, Inc.
P.O. Box 711
Helena, Montana 59624

	Single (\$150 + 20hr Single (\$300 + 0hrs)		Family (\$225 + 40hrs) Family (\$450 + 0hrs) _(Check One)		
NAME: (PRINT)	(LAST)	(FIRST)		(MI)	
MAILING ADDRESS	:				
CITY:	STATE: ZIP: _	E-M/	AIL:		
TELEPHONE:	A	LTERNATE:			
EMERGENCY CONT	TACT:		_ PHONE:		
MEMBERS BIKE NU	MBER: D	ISTANCE FROM	M HELENA:		
Family Member(s)	Name		Bike Number	Age	
	MEMBERSHIP AGREEN	MENT AND SIGN	NATURE		
In accordance with any condit	tions noted herein, the undersigned acknowle	edges and agrees to the	following:		
Club owes the undersigned, h	Riders Association, Incorporated (hereinafter his/her responsible persons (hereinafter referr respect to the condition of Club properties and e name of the Club.	ed to as "Family") and/o	r chaperoned guests (here	einafter referred to as	
present or engaging in activiti properties. The undersigned a	and assumes the risk of possible injury or dar es on Club properties. The Club expressly dis agrees to hold harmless and indemnify the Cl ned further accepts and agrees to the condition	sclaims any warranties o ub for any injury or dama	of safety for the intended us age to his/her personal pro	se/purpose of Club operty, self, Family	
I understand that my active m family. Initial:	embership agreement requires me to work at —	least 20 hours per year	if I chose single or 40 hou	ırs a year if I chose	
	ring a guest rider 5 times per year and must on year and must of the properties of t	make arrangements befo	orehand with the proper pa	aperwork. Failure to do	
THE CONDITIONS DES	CERTIFIES, THROUGH HIS/HER SI SCRIBED IN THIS FORM AND THA HIS/HER KNOWLEDGE, TRUE, ACC	T THE INFORMAT	ION PROVIDED BY		
SIGNATURE:	(If under 18 years of age: Parent or Legal G	Guardian)	DATE:		