

OWYHEE MOTORCYCLE CLUB 2017 FISCAL YEAR MEMBERSHIP APPLICATION

DATE: _____

NEW _____

SINGLE \$120 & 25 hrs

RENEWAL _____

Single Minor \$120 & 25 hrs

If you are renewing, you may mail to:

OMC Membership
P.O. Box 865
Meridian, ID 83680

FAMILY \$210 & 50 hrs

NON WORK Single \$700

NON WORK Family \$1,200

Prorated fee (Aug- Oct) \$60 , \$75, & \$105 12 hrs, 20hrs, 25hrs

Card Fee (per Card) \$15

\$40.00 Fee for all Bounced Checks

NAME _____

E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ PREFERRED CONTACT: E-MAIL OR TEXT

If I ext, provide carrier.

IMMEDIATE FAMILY MEMBERS FOR FAMILY MEMBERSHIP AND BIRTHDATE AND AGE OF CHILDREN

Name	Birthdate	Age	Name	Birthdate	Age
1			5		
2			6		
3			7		
4			8		

I AGREE TO ABIDE BY THE RULES, CONDITIONS, AND BI-LAWS OF THE OWYHEE MOTORCYCLE CLUB.

Rules and Bi-laws are posted on omcracing.com

I hereby release and agree to hold harmless, the OWYHEE MOTORCYCLE CLUB, the promoters, officers, participants, directors, officials, representatives, members, agents and employees of all of them, of any liability, loss, claim and demand, that may accrue from any loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore or while upon, entering or departing from said premises while participating or assisting in this event, so voluntarily and in reliance upon my own judgement and ability, and I therefore assume all risk for loss, damage or injury (including death) to myself and my property form any cause whatsoever.

IF YOUR NAME IS TYPED BELOW IT IS A LEGAL & BINDING SIGNATURE

APPLICANT SIGNATURE

PARENT SIGNATURE

OMC USE ONLY

Card # _____

MEETINGS ATTENDED

N	D	J	F
M	A	M	J
J	A	S	O

\$ PAID _____

\$ PAID _____

TOTAL \$ PAID _____

CARDS _____