

OWYHEE MOTORCYCLE CLUB (Trials) 2024 MEMBERSHIP APPLICATION

(January - December)

DATE: _____ NEW
 _____ RENEW

If you are renewing by mail

Your insurance waiver must be notarized.

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

Membership		Cost	Hours
Working	1st Rider	\$200	20
	add Rider	\$25	10
Non Working	1st Rider	\$1,000	0
	add Rider	\$50	0
Riders 10&under		FREE	
Card Fee (per Card)		\$25	
Bounced Checks Fee:		\$20	
Reinstatement Fee:		\$100	

check box

if rider Name: PRIMARY MEMBER

E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

check box ALL RIDING AND NON-RIDING MEMBERS TO BE COVERED BY INSURANCE PLUS BIRTHDATE AND AGE OF CHILDREN

if rider	Name	Birthdate	Age		Name	Birthdate	Age
<input type="checkbox"/>	1 _____	_____	_____	<input type="checkbox"/>	6 _____	_____	_____
<input type="checkbox"/>	2 _____	_____	_____	<input type="checkbox"/>	7 _____	_____	_____
<input type="checkbox"/>	3 _____	_____	_____	<input type="checkbox"/>	8 _____	_____	_____
<input type="checkbox"/>	4 _____	_____	_____	<input type="checkbox"/>	9 _____	_____	_____

Interest in helping with: Sign-ups Scoring Gate Flagger Clean up Track Prep Other: _____

I AGREE TO ABIDE BY THE RULES, CONSTITUTION, AND BY-LAWS OF THE OWYHEE MOTORCYCLE CLUB.
Rules and By-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 _____