

OWYHEE MOTORCYCLE CLUB 2026 MEMBERSHIP APPLICATION

(January - December)

DATE: _____ NEW
 RENEW

Membership		Cost	Hours
Working	Primary	\$375	20
Working (add on)	Adult 22+	\$200	10
Working (add on)	Youth 11-21	\$100	5
Non Working	Primary	\$1,400	0
Non Working (add on)	Adult 22+	\$700	0
Non Working (add on)	Youth 11-21	\$350	0
Riders 10&under	Minor	FREE	0
Card Fee (per Card)		\$25	
Reinstatement Fee:		\$100	
Bounced Checks Fee:		\$20	

If you are renewing by mail
 Your insurance waiver must be notarized.

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

check
 if rider Name: Primary Member

ADDRESS _____

CITY _____ E-MAIL _____
 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 from any cause whatsoever.

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

 APPLICANT SIGNATURE

 PARENT SIGNATURE

OMC USE ONLY

Card # _____

\$ PAID _____
 \$ PAID _____
 TOTAL \$ PAID _____
 # CARDS _____

MEETINGS ATTENDED

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