



Bayou Bikers Motorcycle Club, Inc .
Application For Membership
admin@bayoubikers.net
www.bayoubikers.net

Date: _____

Name: _____ Full Associate Spouse: _____ Full Associate

Address: _____ City/State: _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

Date of Birth : _____ Spouse Date of Birth: _____

Occupation: _____ Employer: _____

Other Clubs: _____

Make Of Motorcycle: _____ Year/Model: _____ Displacement: _____

Years Of Riding Experience: _____ Passenger/Driver: _____

Emergency Contact: _____ Relationship to Member: _____

Emergency Contact Number(s): _____

I hereby apply for membership in the **Bayou Bikers Motorcycle Club** and agree to abide by the Constitution, Bylaws, and Standing Orders thereof. Club Member dues of \$20.00 per year for Full Membership (\$10.00 for Associate Membership) will be due on the date of acceptance of application.

I hereby release, and agree to hold harmless **Bayou Bikers Motorcycle Club**, the promoters, the owners and lessees of the premises, the participants and the officers, directors, officials, representatives, members, agents and employees of all of them, from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death) to my person or property, in any way resulting from, or arising while engaged in competition or in practice or preparation therefor, or while upon entering or departing from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in the Club activities, so voluntarily and in reliance upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any whatsoever.

If under 18 consent of Parent/Guardian:

Signature of Applicant Date Signature of Parent/ Guardian Date

Signature of Spouse Date

For Club Use Only:

Notification: _____ Fee Paid: _____

Active File: _____ Inactive File: _____