



**Bayou Bikers Motorcycle Club, Inc .**  
**PO Box 20162**  
**Houma, Louisiana 70360**  
**Application For Membership**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ Full  Associate

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Clubs: \_\_\_\_\_

Make Of Motorcycle: \_\_\_\_\_ Year/Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

Years Of Riding Experience: \_\_\_\_\_ Passenger/Driver: \_\_\_\_\_

I hereby apply for membership in the **Bayou Bikers Motorcycle Club** and agree to abide by the Constitution, Bylaws, and Standing Orders thereof. I understand that I must attend three Club functions, one of which shall be a regular meeting and then pass a favorable vote by the Club Members before being accepted as a Club Member. Club Member dues of \$20.00 per year for full membership will also be due on the date of acceptance.

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
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Signature of Sponsor	Date
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**For Club Use Only:**

Date of Qualifying Meeting: \_\_\_\_\_

Date / Description 1st Club Function: \_\_\_\_\_

Date / Description 2nd Club Function: \_\_\_\_\_

Date Vote Meeting: \_\_\_\_\_ Disposition: \_\_\_\_\_

Notification: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Active File: \_\_\_\_\_ Inactive File: \_\_\_\_\_