

Mileage:\_

## Southern Oregon No.1 - Chapter Membership Application & Agreement

Sponsoring Dealership: D&S Harley-Davidson 3846 South Pacific Hwy, Medford, Oregon 97504

Application Year: \_\_\_\_\_ Annual Local Dues: \$20.00 (per member)

Name:	ame: Nickname:						
National H.O.G #		_ Nat'l Expiration	Date:				
National Member Status: Full _	Full Lifetime	Associate	Associa	ate Lifetime	Ladies of Harl	еу	
Address:			City	:			
State:	Zip:	Phone:		Home / Mobile			
Email:		Birthday:					
Contact Preferences & Permissi	ions: Email	Phone Face	book	SONO Webpage	Mail	None	
*(Access to contact info granted only t	to chapter officers)						
Your Ride:							
Year:	Model:			_ Color:			
	***********						
Applicant #2							
Applicant #2 Name:		Nic	kname:				
Applicant #2 Name: National H.O.G #		Nic	kname: Date:				
Applicant #2 Name: National H.O.G # National Member Status: Full _	Full Lifetime	Nic Nat'l Expiration Associate	kname: Date: Associa	ate Lifetime	Ladies of Harl	ey	
Applicant #2 Name: National H.O.G # National Member Status: Full _	Full Lifetime	Nic _ Nat'l Expiration Associate	kname: Date: Associa City	ate Lifetime	Ladies of Harl	ey	
Applicant #2 Name: National H.O.G # National Member Status: Full _ Address: State:	Full Lifetime	Nic Nat'l Expiration Associate Ph	kname: Date: Associa City one:	ate Lifetime	Ladies of Harl	ey	
Applicant #2  Name:  National H.O.G #  National Member Status: Full _  Address:  State:  Email:	Full Lifetime	Nic _ Nat'l Expiration Associate Ph	kname: Date: Associa City one: Birthday	ate Lifetime	Ladies of Harl	ey	
Applicant #2  Name:  National H.O.G #  National Member Status: Full _  Address:  State:  Email:  Contact Preferences & Permissi	Full Lifetime	Nic _ Nat'l Expiration Associate Ph	kname: Date: Associa City one: Birthday	ate Lifetime	Ladies of Harl	ey	
Applicant #2  Name:  National H.O.G #  National Member Status: Full _  Address:  State:  Email:  Contact Preferences & Permissi	Full Lifetime	Nic _ Nat'l Expiration Associate Ph	kname: Date: Associa City one: Birthday	ate Lifetime	Ladies of Harl	ey	
Email: Contact Preferences & Permissi *(Access to contact info granted only t	Full Lifetime	Nic _ Nat'l Expiration Associate Ph	kname: Date: Associa City one: Birthday	ate Lifetime	Ladies of Harl	ey	
Applicant #2  Name:  National H.O.G #  National Member Status: Full  Address:  State:  Email:  Contact Preferences & Permissi	Full Lifetime  Zip:  ions: Email  to chapter officers)	Nic Nat'l Expiration Associate Phone Face	kname: Date: Associa City one: Birthday	ate Lifetime : : SONO Webpage	Ladies of Harl	e/ Mobile None	

## Southern Oregon No. 1 HOG Chapter Membership Agreement

As a member of Southern Oregon No. 1 HOG Chapter I agree I will:

1. Ride & Have Fun

Chapter DB\_

National DB

- 2. Represent Southern Oregon No. 1 HOG, D&S Harley-Davidson, National HOG and Harley-Davidson Motor Company in a positive manner at all times.
- 3. Always have a current and signed waiver on file with membership.

		Date:	
		Date:	
	 (Office Use C	nly)	***************************************
aid:			Date Joined:

Membership Card\_

Name Tag

## CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

CHAPTER NAME		
MEMBER NAME		
ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS		
PHONE NUMBER	MEMBER NAT	Γ'L H.O.G. NUMBER
EXPIRATION DATE OF NATIONAL H.O.G.		
ENTER IN CHAPTER DATABASE?	YES NO	
I have read the Annual Charter for H.O.G. dealer sponsored chapter.	Chapters and hereby	agree to abide by it as a member of this
I recognize that while this Chapter is char solely responsible for its actions.	tered with H.O.G., it	t remains a separate, independent entity
- THIS IS A REL	EASE, READ BEFOR	RE SIGNING -
I agree that the Sponsoring Dealer, Harle Davidson Motor Company, my Chapter are (hereinafter, the "RELEASED PARTIES" paralysis or death) or damage to my proper and resulting from acts or omissions occur Parties, even where the damage or injury is and agree that all H.O.G. members and the H.O.G. activities and I assume all risks of in I release and hold the "RELEASED PARTIES or operty which may result from my particip THAT THIS MEANS THAT I AGREE NOT THAT I AGREE NOT THAT THIS MEANS THAT I AGREE NOT THAT THE PERFORMANT THE PERFORMANT THE PERFORMANT THE PERFORMANT THE PERFORMANT THAT THE PERFORMANT THE PERFORMAN	nd their respective of shall not be liable or ty occurring during arring during the performance of caused by negligence eir guests participate nijury and damage aris RTIES" harmless froation in H.O.G. activity of TO SUE THE MYSELF OR MY	fficers, directors, employees and agents or responsible for injury to me (including any H.O.G. or H.O.G. chapter activities formance of the duties of the Released be (except willful neglect). I understand voluntarily and at their own risk in all sing out of the conduct of such activities. Our any injury or loss to my person or ities and EVENT(S). I UNDERSTAND "RELEASED PARTIES" FOR ANY PROPERTY ARISING FROM OR IN
WAIVER OF RIG	GHTS UNDER STATE	STATUTES
further agree to waive all benefits flowing of this Release and Indemnification Agre California Civil Code which provides:	from any state statute ement including, bu	e which would negate or limit the scope t not limited to, Section 1542 of the
"A general release does not extend exist in his favor at the time of executing affected his settlement with the debtor."	to the claims which to the release, which	he creditor does not know or suspect to if known to him must have materially
By signing this Release, I certify that I have elying on any statements or representations	e read this Release as made by the "RELE	nd fully understand it and that I am not ASED PARTIES".
MEMBER SIGNATURE	D	ATE
OCAL DUES PAID \$ Dues not to exceed maximum amount prescribed in, '	D	ATE
iandbook.)	"Annual Charter for H.O.C IS FORM TO YOUR C	

MEMREL.DOC (Rev. 11/04)