

**Country Roads Group Riding
Application for Membership**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Phone Work: _____

E-Mail: _____

DOB: ____/____/____ How many miles did you ride last year? _____

Conditions, Disclaimer and Hold Harmless Agreement.

By signing this application, I agree that I am applying for membership to *Country Roads Group Riding* and I understand that my membership may be accepted or rejected.

If accepted, I agree to follow the club's By-Laws and the Policies and Procedures set forth by the Board of Directors. I Understand these may change after I become a member.

If not accepted, I agree I will not contest the decision in any fashion and shall not attempt any litigation or other legal action for damages or recovery caused by the club's decision to not accept me as a member.

I agree that riding a motorcycle is dangerous and I assume that risk of my own free will. Should I become injured or killed while attending an Event, Ride or Activity organized by *Country Roads Group Riding*, I agree to forgive and forever hold harmless *Country Roads Group Riding*, its Directors, Officers and Members.

Sign: _____ Date: _____

I am applying for;

NEW: Individual Membership(\$20) _____ Multiple Membership*(\$30) _____

RENEWAL: Individual(Membership \$10) _____ Multiple Membership* (\$15) _____

LIFETIME: Individual Membership(\$100) _____ Multiple Membership*(\$150) _____

*Multiple Memberships is another member of the same household as the Individual Member. (Spouse or your child)

One application per person must be completed and submitted at the same time.

Renewals will not receive the package with the club patch and pin.

This application must be sent in its original form (No copies) and mailed with your check to:

Country Roads Group Riding
c/o Ron Hooten
P.O. Box 31981
Knoxville, TN. 37930

Your membership fee will be refunded should you not be accepted.