



BAVORAK MOTORRAD RIDERS
Evansville, Indiana

Application for Membership

Name: _____ Spouse: _____

Address: _____

Phone: Home _____ Cell _____

E-mail: _____

Optional Information

Date of birth: _____

Motorcycles:

Year/Make/Model _____

Year/Make/Model _____

Other motorcycle organization affiliations: _____

I understand the Bavorak Motorrad Riders club cannot assume responsibility for any aspect of my safety. If I choose to participate in any club activity, I do so voluntarily based on my own assessment of my abilities, the routes, and the facilities and conditions that may be encountered. I assume all risk, responsibility, and liability involved. I hereby release and hold harmless the club, its officers, and other members for any injury or loss to my person or property which may result. I also certify that I am in compliance with my state's financial responsibility laws with regard to vehicle insurance.

Signature: _____ Date: _____

Spouse: _____ Date: _____

Annual dues are \$10 per person.

Please mail application and payment to: Diane Hancock, 3799 Canterbury Ct., Newburgh, IN 47630