

NorthStar Chapter

Of The Minnesota Wings Motorcycle Club Inc.

MEMBERSHIP APPLICATION

REGULAR MEMBER INFORMATION

Name:		Birth Date (Month/Day):	
Home Phone:		Cell Phone:	
Current address:			
City:		State:	ZIP Code:
Email Address:		Alt Email Address:	
Gold Wing Model (GoldWing, F6B or Valkyrie)			Year:
Do you have current motorcycle liability insurance? (Yes or No)		Insurance Company:	
Do you have current motorcycle license endorsement? (Yes or No)		State Endorsement Issued From:	Member of AMA? (Yes or No)
Please list any medical concerns we should be aware of?			

ASSOCIATE MEMBER INFORMATION

Name:		Birth Date (Month/Day):	
Home Phone:		Cell Phone:	
Current Address:			
City:		State:	ZIP Code:
Email Address:		Alt Email Address:	

ANNUAL DUES

Regular Member: \$20.00	Associate Member: \$10.00
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IN CONSIDERATION OF MY ACCEPTANCE FOR MEMBERSHIP in the Minnesota Wings Motorcycle Club, NorthStar Chapter Inc. I agree to abide and be bound by the Articles of Incorporation, the By-Laws of the NorthStar Chapter, Rules for Group Riding, and such other Rules as they are published by the Club. I recognize that I am responsible for maintaining control of my motorcycle at all times and have a duty to keep aware of conditions which may affect my riding ability. By my voluntary participation in Club events I agree to the following:

1. By my participation in the event, **I ASSUME THE RISK** of any and all dangerous conditions in and about the location of any such event or in any way related to the nature of the activities associated with any such event, and hereby waive any and all specific notice of such conditions.
2. **I HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE** the Minnesota Wings Motorcycle Club, NorthStar Chapter Inc., its officers, directors, management, officials, volunteers, agents, and any other such persons as may be responsible for organizing or assisting in the Club event, referred to herein as *Releasees*, and release them from all liability to the undersigned, my personal representative, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the *Releasees* or otherwise, while the undersigned is participating in a Club event.
3. **I FURTHER AGREE TO HOLD HARMLESS** the Club, its officers, directors, management, officials, volunteers, agents, and any other such persons as may be responsible for organizing or assisting the Club event, harmless from any loss resulting from damages to my motorcycle or injuries suffered by myself, or any other person riding on my motorcycle, or such other person who may be participating in a Club activity as my guest, even if said loss is caused by the negligence of the Releasees.

Our chapter does require that helmets be worn on all Club rides or when we ride as representatives of the NorthStar Chapter of the Minnesota Wings. The use of Alcohol by all Regular Members is prohibited during all Club rides.

SIGNATURES

By signing below, I confirm that the information provided on this application is complete and accurate.

Signature of Regular Member:	Date:
Signature of Associate Member:	Date:

Make checks payable to: MN Wings NorthStar Chapter

Mail application with payment to: Membership, 10501 102nd Place N, Maple Grove MN 55369