

# CANTON MOTORCYCLE CLUB, INC.

## APPLICATION FOR 2012 MEMBERSHIP

MEMBERSHIP EXPIRES DECEMBER 31, 2012

Mail application and \$30 fee to:  
Canton Motorcycle Club, Inc. 18176 N. Edsall Road Canton, IL 61520

<b>Last Name:</b> _____		
<b>First Name:</b> _____	<b>Middle:</b> _____	
<b>*Age:</b> _____	<b>Date of Birth:</b> ____ / ____ / ____.	
<b>Address:</b> _____	<b>City, State:</b> _____	<b>Zip:</b> _____
<b>Telephone:</b> _____	<b>Alt Ph:</b> _____	
<b>Email:</b> _____	<b>AMA#</b> _____	<b>Exp.</b> ____ / ____.
<b>Briefly describe your motorcycling background:</b>		
<b>Make and size of motorcycle(s) you own:</b>		

### PLEASE READ CAREFULLY:

Canton Motorcycle Club, Inc. purpose is to provide recreational enjoyment for its members and to promote good will toward motorcycling. I desire to become a member of the Canton Motorcycle Club, Inc. By signing this agreement, I become a member and hereby agree to indemnify and hold harmless myself from any loss, liability, damage, or cost I may incur due to the presence of the undersigned in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releasee or otherwise.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*IF UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST SIGN BELOW AND INCLUDE COPY OF BIRTH CERTIFICATE.**

<b>Parent / Guardian Signature:</b> _____	<b>Date:</b> _____
<b>Relationship:</b> _____	
<b>Parent / Guardian Signature:</b> _____	<b>Date:</b> _____
<b>Relationship:</b> _____	