



# 2017 - CLUB MEMBERSHIP ENROLLMENT AND VALIDATION FORM

CLUB NAME: GOLD COUNTRY HARLEY RIDERS (GCHR)

**Please Print**

### Section 1: Personal Information

MEMBER NAME: \_\_\_\_\_ FULL \_\_\_\_\_ ASC \_\_\_\_\_  
(Circle One)

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: (CELL) \_\_\_\_\_ (HOME) \_\_\_\_\_

For release of Address, E-Mail Address & Phone # to GCHR Club Members ONLY

INITIAL HERE \_\_\_\_\_ Birthday Mo/Day \_\_\_\_\_ / \_\_\_\_\_

Section 2: Please circle the one that applies: Existing Member New Member Passenger Only

Section 3: Motorcycle Information (Passenger ONLY. Please skip section 3).

Do you have a valid /appropriate License for the vehicle you are operating? Yes No (Circle one)

Driver License # \_\_\_\_\_

Do you have motorcycle insurance? YES NO (circle one)

Verified by: \_\_\_\_\_ Initial Here: \_\_\_\_\_

How many years have you been riding? \_\_\_\_\_ How many years experience riding with a group? \_\_\_\_\_

### ACKNOWLEDGEMENT

I hereby declare the details furnished above are true and correct. Furthermore, I consent to this information being verified by the GCHR Membership Officer, and any GCHR Road Captain when participating in GCHR rides and/or events. I agree to have a valid/appropriate License for the vehicle you are operating and insurance while participating in all GCHR rides and events. Additionally, I agree to comply with all policies, and procedures set forth in the GCHR Club By-Laws and decisions and agreements set forth by the GCHR Board and Officers.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>G C H R</b>	CLUB WITNESS _____	DATE: _____
	LOCAL DUES PAID \$ _____ CASH _____ CHECK# _____	DATE: _____
	(Circle One) New Member Packet Rec'd – YES/NO	