

# CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name:			
Member Name:			
Mailing Address:			
City:	State:	Zip:	
E-mail Address:			
Phone:	Member Nat'l H.O.G	i. Number:	
Expiration Date of National H.	O.G.® Membership:		
I have read the H.O.G.® Chap	oter Charter and hereby agree to abide by it as a	member of this Dealer sponsored Chapter.	
I recognize that while this Chaits actions.	apter is chartered with H.O.G.®, it remains a sep	parate, independent entity solely responsible for	
	THIS IS A RELEASE, READ BEFO	RE SIGNING	
my Chapter and their respect liable or responsible for injury H.O.G.® Chapter activities ar Parties, even where the dama members and their guests padamage arising out of the cor to my person or property which MEANS THAT I AGREE NOT OR MY PROPERTY ARISING	ive officers, directors, employees and agents (he to me (including paralysis or death) or damage and resulting from acts or omissions occurring duage or injury is caused by negligence (except will riticipate voluntarily and at their own risk in all H. anduct of such activities. I release and hold the "Fich may result from my participation in H.O.G. activities."	y-Davidson, Inc., Harley-Davidson Motor Compa ereinafter, the "RELEASED PARTIES") shall no to my property occurring during any H.O.G.® or uring the performance of the duties of the Release lful neglect). I understand and agree that all H.O. O.G.® activities and I assume all risks of injury a RELEASED PARTIES" harmless from any injury o ctivities and EVENT(S). I UNDERSTAND THAT THAT INJURY OR RESULTING DAMAGE TO MYSE FORMANCE OF THEIR CHAPTER DUTIES IN	ed .G.® nd r loss
	WAIVER OF RIGHTS UNDER STAT	TE STATUTES	
· ·	nefits flowing from any state statute which would cluding, but not limited to, Section 1542 of the 0	·	
=	pes not extend to the claims which the creditor e release, which if known to him must have mate	does not know or suspect to exist in his favor at erially affected his settlement with the debtor."	the
By signing this Release, I cert representations made by the		tand it and that I am not relying on any statemen	its or
Member Signature:		Date:	
Full Memb	ership \$20.00 Associate Mer	mbership \$10.00	

RETURN THIS FORM TO YOUR CHAPTER

# **Chapter Membership Enrollment Form and Release: Instructions**

ELLINGTON CT. H.O.G. ® CHAPTER # 4675

## Membership:

In order to join any local H.O.G. Chapter you must first join the National Organization. Details and applications are available at Old School Harley-Davidson, 398 Somers Road, Ellington, CT. or call 1-800-CLUBHOG (258-2464. Have your credit card ready and they will issue a membership number over the phone.

Once you have your National Membership number, fill out the Local Membership form making sure to include your National number and expiration date.

#### Dues:

Dues are paid annually.

- Full Membership is \$ 20.00
- Associates Membership is \$ 10.00 (you ride on another's bike, not your own)

## Payments:

- Make check payable to Ellington CT Chapter
- Drop off check with completed form at OSHD.
- Or mail check with completed form to:

Old School Harley-Davidson Attn: EHOG Chapter 398 Somers Road Ellington, CT 06029

#### Meetings:

Meetings are held 1:00 P.M. on the second Saturday of each month at Old School Harley-Davidson.

#### For More Information:

Chapter Website: www.ellingtonhog.com

Or talk to any of our Officers.

## Questions:

Membership Officer:

Sherry LaChappelle

Email: membership@ellingtonhog.com