

NORTHEAST SPORTBIKE ASSOCIATION
MEMBERSHIP APPLICATION

Name		Preferred Contact #	
Address			
City		State	Zip Code
Birthdate (Mo./Day/Yr.) *min. age is 16 yrs. old			
E-mail Address:			
Membership Status:		<input type="checkbox"/> New Membership	<input type="checkbox"/> Renewed Membership
Rider Skill Level:		<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Emergency Contact Name			Phone #
Desired Riding Number:		1 st choice	2 nd choice
Payment:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Check #	Credit Card #	Security Code	Membership Fee \$75
Name on Credit Card			Credit Card Expiration Date

*Make checks payable to **Northeast Sportbike Association** or fill out the appropriate payment information and mail it to P.O. Box 70, Mohnton, PA 19540 or fax it to 717.656.2868.*

IMPORTANT—Please Read

RELEASE: I hereby release, and agree to hold harmless, the Northeast Sportbike Association, Inc., the promoters, the owners and the lessees of the premises, the participants, and the officers, directors, officials, representatives, sponsors, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss damage or injury (including death, loss of limb and permanent disability) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while whatsoever, I know the risk and danger to myself and property while upon said premises or while engaged in an event or preparation therefore, or while upon said premises or while participating or assisting in this event, so voluntary and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disability to myself and my property) from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the Northeast Sportbike Association Riders' Manual and any special regulations in all participation with this membership. I certify that all of the above information, including my age, identity, and experience, is true and freely given for the purpose of obtaining a membership and that I have no medical conditions that could impair my ability to operate a vehicle in the associated events.

SIGNATURE: _____

DATE: _____

