

**SUNSHINE COAST CHAPTER AUSTRALIA.  
HARLEY OWNERS GROUP INC.  
ASSOCIATE MEMBER RENEWAL APPLICATION**

This Form to be handed to or mailed to the Secretary

I, \_\_\_\_\_ of, \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_  
(W) \_\_\_\_\_ Mobile \_\_\_\_\_

**Declaration**

1. I declare that I am a current Associate or Full member of HOG International.

**Membership No. AU \_\_\_\_\_ Expiry Date \_\_\_\_\_**

**OR** if International Membership Card has not issued: **Receipt No. \_\_\_\_\_**

2. I acknowledge that Associate Membership is subject to the Rules and by-laws of the Chapter and attaches to a General Membership and that Associate Membership will revoke at the direction of the relative General Member or upon termination of the relative General Membership.

3. **Payment of \$10.00** herewith.....cash/ chq/ credit card (attach a signed and completed Credit Card Authority form)

**THIS IS A RELEASE, READ BEFORE SIGNING .**

I hereby agree to abide by the rules of the Chapter. I recognize that while this chapter is chartered with HOG, it remains a separate, independent entity solely responsible for its actions. I agree that the Sponsoring Dealer, Harley Owners Group (HOG), Harley-Davidson, Inc., Harley Davidson Motor Company, my Chapter and their respective officers, directors, employees and agents thereafter, the **Released Parties**, shall not be liable or responsible for injury to me including paralysis or death or damage to my property occurring during any HOG or HOG Chapter activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage or injury is caused by negligence except willful neglect. I understand and agree that all HOG members and their guests participate voluntarily and at their own risk in all HOG activities and I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold the **RELEASED PARTIES** harmless from any injury or loss to my person or property which may result from my participation in HOG activities and events. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE **RELEASED PARTIES** FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENTS.

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the **RELEASED PARTIES**.

**Associate Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

-----  
The General Member upon whom this renewal for Associate Membership Renewal is Reliant.

**General Member Name:** \_\_\_\_\_ **Chapter Membership No.** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_