

# SUNSHINE COAST CHAPTER AUSTRALIA HARLEY OWNERS GROUP INC. ASSOCIATE MEMBERSHIP APPLICATION

I,.....Vest Name Tag.....  
(Full name of applicant)

Of,.....P/C.....  
(Address)

Email.....@.....Birthday...../...../.....  
(year optional)

Phone (H).....(W).....(M).....

## DECLARATION

I declare that:

Staff Use Only
Checked by

1. I am a current Associate or Full Member of HOG INTERNATIONAL .....

2. Membership No: AU.....Expiring.....

OR, if Membership Card has not been issued: Receipt No.....

3. Enclosed is \$10 Application Fee.....  
(If applying simultaneously with sponsoring General Membership Application)

OR

4. Enclosed is \$20 Application Fee.....  
(If applying separately)

5. Chapter T-Shirt \$30 Size: S, M,L, XL, XXL, Men/Ladies YES/NO - (circle choice) .....

6. 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 be revoked at the direction of the relative General Member, or upon termination of the relative General Membership.

7. Do you wish to be included in the Chapter Member Directory? Yes/No. If yes, you will need to fill out a release form, available from the Membership Officer

I hereby agree to abide by the rules of the Chapter. I recognise that while this Chapter is chartered to HOG, it remains a separate, independent entity solely responsible for its actions.

**\*\* THIS IS A RELEASE, PLEASE READ BEFORE SIGNING \*\***

I agree that the Sponsoring Dealer, Harley Owners Group (HOG), Harley-Davidson Motor Company, my Chapter and their respective officers, directors, employees and agents (herein after, 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 wilful 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 event(s).

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 EVENT(S).

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

Applicant's (Associate) Signature.....Date.....

Intending/current General Member proposing this application for Associate Membership is:

NAME:.....Membership Number (if issued).....

SIGNATURE:.....Date.....