ADELAIDE CHAPTER
SOUTH AUSTRALIA

MEMBERSHIP APPLICATION FORM

HARLEY HEAVEN
221 FRANKLIN STREET
ADELAIDE SA 5000

Please tick applicable boxes: **FULL** ☐ **ASSOCIATE** ☐ **NEW** ☐ **RENEWAL** ☐

MEMBER NAME: ……/……/……
FIRST NAME NICKNAME SURNAME

ADDRESS: ……

…… **POST CODE**: ……

PHONE NUMBER: Home: …… **Mobile:** …… **SEX:** Male / Female
Addresses/telephone numbers are CONFIDENTIAL and available to Executive committee only. Email Address & D O B are optional.

EMAIL ADDRESS: …… **DATE OF BIRTH:** ……
(PLEASE PRINT CLEARLY IN LOWERCASE)

	YES	NO
I would like to receive the Club Magazine by Email/Website Download? (instead of by post)	☐	☐
Can we use your Email Addresses to contact you about Club events?	☐	☐

PROOF OF THE FOLLOWING IS A REQUIREMENT OF THE ADELAIDE CHAPTER AND IS THE RESPONSIBILITY OF EACH MEMBER:

HOG INTERNATIONAL NO: …… **EXPIRY DATE:** ……

MEMBER SINCE: ……

Or purchase of a new H.D. bike which gives complementary membership to HOG International for ONE year.
DEALER'S STAMP
& SIGNATURE:

DATE: ……/……/……

ASSOCIATE MEMBER NAME: …… **HOG Int. No**……

LOH MEMBER: YES / NO **D OF B**…… **EXPIRY DATE:** ……

EMAIL ADDRESS: …… **MOBILE:** …… ……

An Associate Member must be a Spouse, defacto or other family member you wish to nominate and who also must be an Associate Member of HOG International (see HOG International member form).

If I am accepted as a member of the independent local chapter of the Harley Owners Group, I hereby agree to abide by the Harley Owners Group Local Chapter Constitution and rules. I recognize that while the local Chapter may be affiliated with H.O.G., it remains a separate, independent entity solely responsible for its actions.
I hereby agree that the sponsoring Dealer, the Harley Owners Group and Harley-Davidson, Inc. and my local chapter shall not be liable or responsible for damage to property or any injury to person including myself during any H.O.G. activities, even where damage is caused by negligence (except willful neglect). I understand that and agree all Harley Owners Group Members and their guests participate voluntarily and at their own risk in all H.O.G. and H.O.G. Chapter activities.
I release and hold the Sponsoring Dealer, H.O.G. and Harley-Davidson, Inc. harmless for any injury or loss to my person or property which may result. I understand that this means that I agree not to sue the Sponsoring Dealer, H.O.G. and Harley Davidson, Inc. for any injury resulting to myself or my property in connection with any H.O.G. or H.O.G. Chapter activities.

I HAVE READ AND AGREE TO THE ABOVE:

SIGNED: …… **DATE:** …… / …… / ……

Please Tick the Following:

FULL MEMBERSHIP FEE:	**$30.00** ☐	**CASH** ☐	**MONEY ORDER**	
ASSOCIATE MEMBERSHIP FEE:	**$15.00** ☐	**CHEQUE** ☐		☐

Make Cheque's Payable to: **"HOG Adelaide Chapter"** and send Membership Form & Remittance to:
Membership Officer, H.O.G., Adelaide Chapter, C/- Harley Heaven, 221 Franklin Street, Adelaide 5000
Membership is due 1st March every year regardless of when you joined.

OFFICE USE ONLY Date Rec'd ……/……/…….. No. ……