

**DYKES ON BIKES Inc.****ASSOCIATE APPLICATION****FORM 2008** (01/03/08 - 28/02/09)

PO Box 634, Newtown NSW 2042

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Phone: 0409 226 329

please circle

RENEWAL / NEW



Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

 Membership fee **\$30**, send cheques to secretary, payable to 'Dykes on Bikes'.  
 (concession, pensioner / student or interstate DOB \$20, on current card)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Would you prefer to receive DOB newsletters by: post  from website 

Would you like to receive reminder email updates before upcoming events / rides? YES / NO

Do you have a vehicle that can be used in a support capacity? Or any other assistance? Please describe:

Are you interested in participating in any of the following?

Other Suggestions?

 joining Dykes On Bikes to participate in mardi gras parade only Weekends Away Day Rides Night rides Weeks Away Group leader in MG parade volunteering for events**Please complete the following disclaimer:**

I, \_\_\_\_\_ hereby apply to become a member of Dykes On Bikes Inc, &amp; agree to be bound by the rules of Dykes On Bikes Inc in force from time to time. I acknowledge that:

\* I will not ride (or be a pillion) in a reckless or dangerous manner, nor if I have consumed alcohol or other drugs.

\* Whilst participating in any riding activity, I will ensure I will attend with appropriate personal safety gear.

\* I understand that motorcycling has certain inherent risks &amp; although Dykes On Bikes Inc will endeavour to minimize my exposure to the risk of harm, these inherent risks are beyond the control of Dykes On Bikes Inc, its volunteers, associates &amp; members.

I release &amp; indemnify Dykes On Bike Inc, its members, associates, volunteers &amp; agents from &amp; against all actions, claims, expenses &amp; demands in respect of any injury, death, loss or damage to property resulting from my participation in any event. I confirm that I have read &amp; understood the contents &amp; implications of this waiver of liability, assumption of risk &amp; indemnity clause

Signed:

Date:

Do you give permission for your image / photograph, to be used on DOB publications or website?

(note - general group shots only.)

YES / NO If yes, please Initial here: \_\_\_\_\_

Are you an agreed pillion for 2008 MG parade

YES / NO

Name of rider: \_\_\_\_\_

Riders colour group if known: \_\_\_\_\_

**ADMINISTRATION USE ONLY**

Committee approval YES / NO

(Sign)

MG info has been issued 

Membership Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_