



DO NOT MAIL YOUR APPLICATION!
Please bring it with you when you come to ride with us.

Last Name	First Name	M.I.	Date of Birth

Address	City	State	Zip	Country

Home Phone	Cell phone (optional)	Email address

Please check the boxes if that all items below are valid:			Delphi Nickname:
CDL with M1 Endorsement	Vehicle Registration	Insurance	

Emergency Contact Information: The information given here is kept private. It is accessible only by the club officers and Road Captain, to be used only in the event of an emergency:

Name of contact:	Phone Number

The undersigned (here after known as "Applicant") has requested membership in the Southern California Shadow Riders (here after known as "SCSR"). The Applicant agrees to abide by the policies and rules of SCSR, current and future, as set down by the past and by the acting officers of the Southern California Shadow Riders, stated in the SCSR by laws. The Applicant agrees to only operate a motorcycle while in possession of a valid driver's license recognized by the state in which the motorcycle is owned. The Applicant acknowledges the laws of the State of California require valid liability insurance, and agrees not to participate in any SCSR event unless covered by insurance meeting the requirements of the State of California. The Applicant hereby acknowledges the fact that operating a motorcycle in any situation is dangerous to life and limb and property, and agrees to hold harmless SCSR, all SCSR Officers past and present, all SCSR members past and present, and all SCSR sponsors past and present, from any liability of harm or injury to body or the damage or loss of personal property. Applicants will take responsibility for advising any of their guests or passengers of this complete release of liability and will obtain their guests' or passengers' agreement to make the same releases of liability as described above. Applicant acknowledges full responsibility for the actions, events and consequences arising from the participation of any guest of Applicant. Applicant acknowledges that participation in SCSR activities are on a volunteer basis and at no time is Applicant required to attend any event. **Consumption of any illegal drugs before the start or termination of any ride day is prohibited and is grounds for immediate termination. No alcohol is to be consumed within 8 hours of the start of a ride or before the termination of any ride day.**

I have read and agree to the above guidelines. I have also received a copy of the SCSR's "Road Rules" and agree to abide by them. I am aware that the SCSR executive board members will vote on my acceptance and that in the event that the club declines my application, any dues I have included with this application will be returned to me.	Date	
Applicant's Signature		

Name of Officer Accepting (please print) / Title	Date	Dues: 1 st half of year \$25 2 nd half of year \$12 + \$10 renewal

Officer's Signature	Date	Amount Collected
		(Cash/Check)

This space for official use: ? Delphi Member Section ? Card ? Mail list ? Renew date adj.