

Chrome Divas, Inc.

Local Membership Application For

(Chapter)

Name: DOB:

Address:

City: State: Zip:

Cell Phone: Home Phone:

Date of Birth: Email Address:

Emergency Contact: Phone Number:

Please answer the following:

Are you a rider or passenger? (circle one) If rider, what do you ride?

How long have you been riding? Do you have a motorcycle endorsement? Yes No

Have registered as National Chrome Diva? Yes No

By applying for membership I understand that Chrome Divas, Inc. or its chapters cannot assume responsibility for any aspect of my safety and that if I participate in any Chrome Divas, Inc. event, I do so voluntarily on my own assessment of my ability, the routes, all facilities and conditions, and assuming all risk. I further acknowledge that I release and hold harmless Chrome Divas, Inc., its members, employees, agents, officers, chapters and shareholders for any injury or loss to my person or property which may result there from, including death. I understand that this waiver includes any claims based on negligence, action or inaction of Chrome Divas, Inc. or its chapters. I understand that this means that I agree not to sue any or all of the members, employees, agents, officers or shareholders of Chrome Divas, Inc., or its chapters for any injury resulting to myself or my property arising from, or in any way in connection with, the performance of their duties in sponsoring, planning or conducting an event.

I do hereby affirm that I have read the chapter bylaws provided by chapter and will ensure I will abide by the bylaws. I also agree that I will do my utmost to uphold the Chrome Diva reputation by being professional and courteous in my community. I also agree that shall I decide to remove myself from the organization, that I will do so in a respectful manner. I am aware that the members of Chrome Divas, Inc. are its members and agree not to form a chapter using the membership of Chrome Divas, Inc. to create my own organization nor will I form another organization bearing a name similar to Chrome Divas or construed as being affiliated with the organization of Chrome Divas. **BY SUBMITTING THIS APPLICATION, I CERTIFY THAT I AM OF MAJORITY AGE, HAVE A MC ENDORSEMENT AND HAVE READ THIS RELEASE AND UNDERSTAND IT FULLY.**

Dues are \$ annually

Signature: Date:

Form must be filled out completely.

Office use only:

New Member: Renewal: Date Received Payment method: Cash Check #