



Application for Membership to Girls Ride Out Inc.

New Member: \$25 (\$5 joining fee + annual fee)

Membership Renewal: \$20 (annual fee)

Please make cheques payable to 'Girls Ride Out Inc.' and post along with printed form to:
Membership Officer, Girls Ride Out Inc, PO Box 118, Westgate NSW 2048.

For direct deposit please email your form to membership@girlsrideout.com and deposit funds (noting your name in bank subject line) to:
Select Credit Union, BSB 611-000, A/C # 202712, Account Name: Girls Ride Out Inc.

For enquiries, please go to www.girlsrideout.com or call 0410 247 071.

Please PRINT all information clearly if filling in by hand, especially your email address!!

| MEMBER DETAILS | | New | <input type="checkbox"/> | Renewal | <input type="checkbox"/> | (please tick) | Membership No. | | (if known) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|------------|
| First Name: | Surname: | | Male/Female: | | | | | | |
| Mailing Address: | | Post Code: | | | | | | | |
| DOB: / / | Email address: | | | | | | | | |
| Home Phone: | | Mobile Phone: | | | | | | | |
| How did you hear about Girls Ride Out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) | |
| | Website | Word of Mouth | Media | Motorcycle Show | Dealer/Shop | Facebook | | | |

TELL US A BIT ABOUT YOUR RIDING INTERESTS

| | | | |
|--|--|--|-----------------------------|
| Make/Model of bike/s: | Years Riding: | | |
| Do you currently hold a Learner's Permit or Provisional Licence? | <input type="checkbox"/> Yes - Ls | <input type="checkbox"/> Yes - Ps | <input type="checkbox"/> No |
| Are you interested in participating in any of the following? (Please tick) | | | |
| <input type="checkbox"/> Learner Assistance (reduced rate training) | <input type="checkbox"/> Track Days / Racing | <input type="checkbox"/> Weekends Away | |
| <input type="checkbox"/> Maintenance Days/Nights | <input type="checkbox"/> Social Events | <input type="checkbox"/> Day Rides | |
| <input type="checkbox"/> Other events (please specify): | | | |

THE LEGAL STUFF

I hereby apply to become a member of GIRLS RIDE OUT INC. As an essential component of my admission as a member, I agree to be bound by the rules of GIRLS RIDE OUT INC. existing at this time. In consideration of my being granted membership to GIRLS RIDE OUT INC. I acknowledge that:

- I am legally licensed to ride a motorcycle and the motorcycle I am riding is registered.
- I will not ride my motorcycle in a reckless or dangerous manner or do anything that may endanger other road users.
- I will not ride my motorcycle if I have consumed alcohol or other drugs.
- If riding as a pillion, I will bear in mind the safety of other riders and pillion.
- I understand that motorcycling has certain inherent risks. Although GIRLS RIDE OUT INC. will provide me with appropriate direction and will endeavour to minimise my exposure to the risk of harm, these inherent risks are beyond the control of GIRLS RIDE OUT INC, its volunteers and members.
- I authorise GIRLS RIDE OUT INC. or any member or volunteer of GIRLS RIDE OUT INC. To arrange emergency medical assistance / evacuation services on my behalf and at my cost, should it become necessary in the event of any injury or illness suffered by me.
- Whilst participating in any riding activity, I will ensure I attend with appropriate personal safety gear.

I release and indemnify GIRLS RIDE OUT INC, its members, volunteers, servants and agents from and against all actions, claims, costs, expenses, and 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 and understood the contents and implications of this waiver of liability, assumption of risk and indemnity clause.

Signed: _____ Dated: _____

(by all applicants or parents / guardians if under 18 years old)

If submitting electronic form via email, enter "via email" and confirm acknowledgement in your message

Payment method: Direct Deposit Cheque Money Order Cash

OFFICE USE ONLY

| | | | |
|--|----|---------------------|--|
| Received: | \$ | Received by (name): | |
| Membership Officer Approval (signature): | | | |
| Membership Pack Sent (date): | | | |