

FRONT RANGE RIDERS MEMBERSHIP / RENEWAL APPLICATION

Member Information (If renewing please update changed information)

Member and Family Name if Family Membership

Mailing/Street Address

City, State, Zip

Home Phone

Cell Phone

Email

Bikes I/We Ride

Emergency Contact Information:

Name:

Relationship:

Telephone #

Membership / Renewal Fee

Fees: \$25.00 Single Member
Add \$15.00 for Family

Make check payable to: Front Range Riders and
send check & application to:

Front Range Riders
PO Box 1104
Fort Collins, CO 80522

By signing this application for membership I/we understand that the FRONT RANGE RIDERS, its officers, and/or members, cannot assume responsibility for any aspect of my/our safety and that if I/we participate in any event, I/we do so voluntarily on my/our own assessment of my/our ability and roadworthiness of my/our vehicle(s), the course, road and all facilities and conditions, assuming any and all risk associated with any activities whether performed on or off the vehicles. I/we release and hold the FRONT RANGE RIDERS, its officers, and/or members, harmless from any and all injuries which may be incurred to my/our person(s), and/or family members, and/or guests, if applicable, or property which result from my/our participation in any activities whether formal or informal or of any nature.

Signature

Family Member Signature

Date

Other Motorcycle Organizations I belong to: (Circle all that apply)

BMWMOA BMWCC BMWRA AMA TWISTED SHAFT RMMRC MGNOC

Other (Describe): _____

I can volunteer to help. Yes No

I Prefer: Saturday Rides Sunday Rides

I Prefer: Day Rides Overnight Rides Other: Describe

Describe other ideas or involvement you would like to have or see: