


Heritage Riders Association

P.O. Box 811, Marystown, NL AOE 2M0

2019 Registration Form

Name		Mailing Address		Home #			
Type of Membership				Cell #			
<input type="checkbox"/> Member (\$40.00 annually) <input type="checkbox"/> Sponsored spouse/co-rider (\$40 annually)		Email					
Motorcycle		Year		DOB _____ DD/MM/YYYY			
<u>EMERGENCY CONTACT INFORMATION</u> Only in case of an emergency that renders you incapable of contacting your emergency contact(s) independently will the below information be utilized.							
Name		Telephone		Relationship			
Name		Telephone		Relationship			
I understand that none of the trips or other activities organized by the Heritage Riders Association are covered by insurance of any kind. The association has no responsibility for the vehicle or its driver/co-rider. Applicant must be 16 years of age or older to apply.							
Signature of Applicant				Date			
		Fee Paid					
		Cash		Cheque		e-transfer	
		Received by: _____					
Date: _____							