EAGLE RIDERS – F.O.E. # _____

Membership Application and Information Form

Must be Legible

Last Name: _____ First Name: _____

Nickname / Rider Name: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____/_____/_____ Email Address: _____

Member of FOE Aerie / Auxiliary #: _____ Member #: _____ Exp Date: _____

Circle Choice: Rider/Driver Passenger Only Non-Motorcycle

Driver's License #: _____ Expires: _____/_____/_____

Rider/Driver Required

Emergency Contact: _____ Phone: _____

If any of the above information changes, I will immediately submit a new information form.

Waiver & Release Statement

By this document, I represent that I am fully aware of the dangers and hazards associated with riding motorcycles. I certify that I am properly licensed, endorsed, and competent to operate a motorcycle in a safe manner, and that the vehicle I will be riding is in safe operating condition and in compliance with all state laws and regulations in the area I am participating. I further certify that I am not under the influence of any narcotic, alcohol, or other drug that may impair my understanding or judgment during participation. I certify that I have no known physical or mental impairment that may affect my safety or the safety of the group.

I may be riding with a group of motorcycles but understand that I am solely responsible to determine the speed, safety and control of any operational characteristics of my motorcycle while riding with the Eagle Riders and in association with Fraternal Order of Eagles and any of its Aeries.

I hereby release and hold harmless Fraternal Order of Eagles, Eagle Riders, Officers and its Volunteers, against any and all claims, causes of action, or any other liability of any kind arising from my activity or participation.

I understand that the choice of wearing a helmet or other protective equipment or clothing is solely my own and that I am responsible for my compliance with all state laws in effect or as they might change, including those regarding use of helmets and any related insurance requirements.

I understand that falsification of my application information may result in disciplinary charges or termination.

Today's Date: _____/_____/_____

Print Name: _____ Signature: _____

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Circle: Annual Membership Life-Time Membership

Membership Payment: Amount $_____ Cash Check # _____

Witness: _____ License/Endorsement Verified: _____

Form: ermemapp-120114

Membership Expire Date: _____