



APPLICATION FOR MEMBERSHIP

MAIL TO: PO BOX 805, PARKTON, MD 21120



Date: _____ Name: _____ AKA: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____ Online IDs (Google, Yahoo, Facebook): _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Motorcycle Safety Course taken: Yes No Years Riding: _____ How Often Do You Ride? _____

Motorcycle(s) Owned: _____

Any past or present affiliation with any MCs or RCs? No Yes Club Name: _____

Would you be willing to assist with BYR Operations? Yes No Not sure

Do you have any skills that you feel could be utilized in the BYR? Yes No Not sure

MEMBER IN GOOD STANDING DEFINITION: CURRENT WITH ANNUAL FAMILY MEMBERSHIP DUES OF \$36.00 PER YEAR.
DUES: DUES WILL BE USED TO PROMOTE ACTIVITIES AND/OR PURCHASE EQUIPMENT AND SUPPLIES FOR THE CLUB.
BYR MEETINGS: BYR MEETINGS HELD BI-ANNUALLY AND REQUIRE ATTENDANCE BY ALL BYR MEMBERS IN GOOD STANDING. NON-BI-ANNUAL MEETINGS MAY BE SCHEDULED IF THE NEED ARISES.
BYR CLUB PATCH: BYR PATCHES ARE DISTRIBUTED ONLY TO MEMBERS IN GOOD STANDING AT THEIR PERSONAL EXPENSE.
CRIMINAL HISTORY: THE BYR DOES NOT PERMIT ENTRY INTO THE CLUB BY ANYONE WITH A CRIMINAL HISTORY. ALL APPLICANTS ARE SUBJECT TO BACKGROUND CHECKS.

I DO HEREBY THAT I HAVE A LEGAL PERMIT TO OPERATE A MOTORCYCLE BY DEFINATION OF MARYLAND STATE LAW. I DO HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND AGREE THAT MY DEPENDENTS, HEIRS, SUCCESSORS, EXECUTORS AND ASSIGNS DO RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS AGAINST, AND INDEMNIFY BALTIMORE YEHUDIM RIDERS (BYR), ITS CO-FOUNDERS, OFFICERS, DIRECTORS, AND MEMBERS FROM ANY AND ALL CLAIMS, WHETHER CIVIL OR CRIMINAL, INCLUDING CLAIMS OF DEATH, BODILY INJURY, ILLNESS, PROPERTY DAMAGE OR LOSS, HOWEVER CAUSED, ARISING FROM OR RELATED TO A BALTIMORE YEHUDIM RIDERS MOTORCYCLE RIDE, RALLY, EVENT, TOUR, MEET-UP, ETC, EVEN IF ARISING FROM THE FAILURE TO ACT OR NEGLIGENCE OF THE RELEASEES OR OTHERS.

Signature: _____ Date: _____