



IRON TITANS MOTORCYCLE CLUB PROSPECT APPLICATION

www.iron titans.com

Application Fee of \$25.00 must accompany application. Application fee is non-refundable.

The Prospect and/or Sponsor may request that the application be withdrawn at anytime prior to the prospect being voted into the Club. Prospect application is null & void after 12 months from date of application.

If voted into Club, fee will be applied to first year's dues. Total amount enclosed: \$ _____ Check #: _____

First year dues are \$105.00 which includes lease of Club Colors.

Name: _____ Nickname: _____
(First) (Middle) (Last)

Address: _____ City: _____

State: _____ Zip: _____ E-mail Address: _____

Phone/Home: _____ Business: _____ Cell: _____

Date of Birth: _____ Motorcycle Type: _____ Year: _____

Emergency Contact: Name: _____ Phone/Home: _____

Business: _____ Cell: _____

Have you ever been convicted of a felony? () yes () no If yes, list jurisdiction and nature of crime;

Are you a member or have you ever been a member of another motorcycle club? () yes () no
If answer is yes, name of Club? _____ Date/s: _____

Are you a member of the AMA (American Motorcyclists Association)? () no () yes; AMA # _____

I give written permission for the **IRON TITANS MOTORCYCLE CLUB, INC.** to have my name and address on the club computer for mailing purposes only. If you would like your e-mail address added to the website mailing list, please check here ().

I certify that all information provided on this application is true. I further understand that any false information could lead to my membership being terminated.

Sponsored By: _____

Complete Application and Mail with Check to:
IRON TITANS MOTORCYCLE CLUB, INC.
P. O. Box 877
Pounding Mill, VA 24637-3867

Applicants Signature: _____ Date: _____

Membership Qualifications:

1. Be at least eighteen (18) years of age
2. Ride a minimum of six (6) club sponsored rides of at least fifty (50) miles each. Credit for one (1) ride per calendar date.
3. Attend three (3) club meetings
4. Copy of valid motorcycle license endorsement
5. Copy of current insurance policy
6. Must be sponsored by a club member
7. Must receive a positive vote of 75% of club members present at meeting
8. Dues must be paid.

For Staff Use Only:

- Membership Date: _____
- Dues Paid () Date: _____
- Colors Lease Agreement Signed () Date: _____
- Waiver Signed () Date: _____
- By-Laws () Date: _____
- Valid Motorcycle License () Date: _____
- Current Insurance Policy () Date: _____
- Prospect Card w/Rides & Meeting: _____



Club Waiver/Agreement

The undersigned, (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "Ride", "Poker Run", "Rally", "Field Event", "Bike Show", or "Activity" (hereafter known as **EVENT(S)**) do hereby agree to indemnify and hold harmless, the **IRON TITANS MOTORCYCLE CLUB Inc.**, their officers, employees, agents, volunteers, and sponsors (hereinafter, the "**RELEASED PARTIES**") from and against claims, actions, suits, losses, damages, and liabilities, including attorney fees and cost of defense, arising from any contention or allegation, whether well founded or otherwise, based on any acts of conduct by said parties, which are reasonably necessary to effectuate the purpose of said activity and/or events.

I, FULLY UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING OR CONDUCTION THE EVENTS.

Further more I certify that I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the **EVENTS(S)** and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the **EVENT(S)** and any negligence (except willful neglect) on the part of any or all of the "**RELEASED PARTIES**" in performing their duties.

I further agree to waive all benefits flowing from any state statute, which would negate or limit the scope of this release and Indemnification Agreement, including but not limited to Section 18542 of the California Civil Code.

By signing this **Release**, I certify that I have read this **Release** and fully understand it.

NOTE: If Under 18 Years of Age, Signature of Parent or Guardian is Required

Name: _____
(Please Print Full Name)

Signature: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____