

Bike Psycho Membership Application

Return completed form and fee to:

Bike Psychos

PO Box 652

Oak Lawn, IL 60454

Name _____

Street _____

City _____ State _____

Zip _____ Phone _____

Email: _____

Birthday MM/DD (optional): ____ / ____

Individual Membership (\$20): ____

Family Membership (\$25): ____

Include all family member's names and children's ages (attach separate page if necessary)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Participation in all Bike Psychos Club activities is at the rider's risk

I understand that the Bike Psychos and its officers and members are not responsible for, and are not insurers of my personal safety during its club rides. I hereby release the Bike Psychos and its officers and members and I agree to hold them harmless from any and all liability arising from my having sustained any property damage or personal injury while participating in club rides and activities.

Date _____

Guardian Signature _____ (for children under 18)

Member Signature _____

Spouse Signature _____