Chapter Name:	Kenosha H.O.G. Chapter #5559
Member Name:	
Mailing Address:	
City:	State: Zip:
E-mail Address:	
Phone:	Member Nat'l H.O.G. Number:
Expiration Date of N	ational H.O.G.® Membership:
I have read the H.O.0	G.® Chapter Charter and hereby agree to abide by it as a member of this Dealer sponsored Chapter.
I recognize that while its actions.	e this Chapter is chartered with H.O.G.®, it remains a separate, independent entity solely responsible for
	THIS IS A RELEASE, READ BEFORE SIGNING
my Chapter and theiliable or responsible H.O.G.® Chapter and Parties, even where members and their damage arising out to my person or property of MEANS THAT I AGE OR MY PROPERTY	nsoring Dealer, Harley Owners Group® (H.O.G.®), Harley-Davidson, Inc., Harley-Davidson Motor Company, it respective officers, directors, employees and agents (hereinafter, the "RELEASED PARTIES") shall not be for injury to me (including paralysis or death) or damage to my property occurring during any H.O.G.® or stivities and resulting from acts or omissions occurring during the performance of the duties of the Released the damage or injury is caused by negligence (except willful neglect). I understand and agree that all H.O.G.® guests participate voluntarily and at their own risk in all H.O.G.® activities and I assume all risks of injury and of the conduct of such activities. I release and hold the "RELEASED PARTIES" harmless from any injury or loss perty which may result from my participation in H.O.G. activities and EVENT(S). I UNDERSTAND THAT THIS REE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN NNING OR CONDUCTING SAID EVENT(S).
	WAIVER OF RIGHTS UNDER STATE STATUTES
=	ive all benefits flowing from any state statute which would negate or limit the scope of this Release and ement including, but not limited to, Section 1542 of the California Civil Code which provides:
=	release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the cuting the release, which if known to him must have materially affected his settlement with the debtor."
, , ,	ase, I certify that I have read this Release and fully understand it and that I am not relying on any statements or le by the "RELEASED PARTIES".

RETURN THIS FORM TO YOUR CHAPTER

Member Signature: ______ Date: _____

Membership expires annually on December 31st and must be renewed every January. Every member MUST complete an enrollment form. One form per member.

☐ National H.O.G Database☐ Local H.O.G Database☐ Forwarded to SunshineLadies	
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FOR OFFICE USE ONLY							
New/Renewal \$25.00							
Other	\$25.00						
□ Cash	☐ Check#						

CHAPTER MEMBERSHIP ENROLLMENT FORM - ADDITIONAL INFORMATION

Member Name:		Birthday:	MM/DD		
Type of Membership: New Member Oth	ther	Renewal			
Name of Sponsor:					
Type of bike you ride:					
Spouse's Name:		Anniversary Date:		MM/DD	
IN CASE OF EN	MEDG	ENCY CONTAC	T (ICE):		
IN CASE OF EMERGENCY CONTACT (ICE): lame: Phone #					
	'				
Address:					
Relationship:					
If spouses are riding together, pleas	se incl	ude an alternate	contact	::	
Name:		Phone #			
Address:					
Relationship:					
You may publish my phone number for Kenosha H.O.G. Chap	pter me	mbers	Yes	No	
You may publish my address for Kenosha H.O.G. Chapter me		Yes	No		
You may publish my e-mail address for Kenosha H.O.G. Chap	pter me	mbers	Yes	No	
It is acceptable to send the newsletter to me via email		Yes	No		

Please return form(s)with payment to: Kenosha H.O.G Membership Officer (below) or Uke's Harley-Davidson:

Linda Davenport 6920 Mariner Dr, Unit 201 Mount Pleasant WI 53406