

Membership Application



(please print)

First Name: _____ **Last Name:** _____

Spouse: _____ **Kids:** _____

CB Handle (Nickname): _____ **D.O.B:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Cell:** _____

E-mail: _____

Do you want this information available to other members via your online bio at www.Northshore4x4.net?

____ Yes ____ No

In joining Northshore 4x4, I certify that I hold a valid Driver's License, that vehicle is registered in the state where I reside, and that I have the legally required liability insurance for my vehicle. I understand that there are certain risks associated with 4-wheeling and driving 4WD vehicles on roads and trails, including vehicle damage & personal injury. I understand that alcohol or drug use is strictly forbidden before or during Club rides. As a club member, I will follow the By-Laws established by Northshore 4x4. In consideration of being permitted to participate in any event sponsored, promoted, or directed by Northshore 4x4, the undersigned, his or her personal representatives, heirs, assigns and relatives, HEREBY RELEASES Northshore 4x4 and its respective officers, directors, promoters, sponsors, employees, property owners, lessors and their agents, hereafter referred to as Releases, of any and all liability to the undersigned, whether caused by the negligent act or omission of Releases or otherwise while the undersigned is for any purpose participating in such event. It is fully understood by each of the undersigned that there is some inherent risk associated with the event, including damage to vehicles and property, personal injury and/or death. In signing this release, each of the undersigned hereby acknowledges and represents the following:

By joining this club, you are agreeing to recognize and follow ALL By-Laws that are currently in place

(Northshore 4x4 Executive Board Member needs to fill out information below)

Proof of Insurance: Yes: ____ **Proof of Registration:** Yes: ____

Valid Driver's License: Yes: ____

Payment Type: Cash: ____ Check: ____ Check #: _____

Make checks payable to Northshore 4x4

Registration Date

Executive Board Member

Member Signature