

2009 Membership Application

JUST CLICK A BOX
BELOW AND A
CHECKMARK APPEAR



MEMBERSHIP FEES:

\$40 NEW MEMBER

\$35 Renewal or 2nd chapter

DUE BY 1/15 FOR CURRENT MEMBERS

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First name:		Last Name:																			
Street Address:																					
City:		State:	Zip Code																		
Home Phone:		Cell Phone:																			
E-MAIL		M/C Brand/Sponsors																			
Emergency Contact/Phone #'s																					
2009 Expected Class and Age Class																					
<table border="1"> <tr> <td>+30</td> <td>+38</td> <td>+45</td> <td>+50</td> <td>BEG</td> <td>NOV</td> <td>INT</td> <td>EXP</td> <td>MASTER</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				+30	+38	+45	+50	BEG	NOV	INT	EXP	MASTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+30	+38	+45	+50	BEG	NOV	INT	EXP	MASTER													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
JUST CLICK A BOX FOR AGE AND CLASS																					

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2009 Race Number Selection

New Members(note in 2009 the top 25 Numbers will be reserved for highest point earners in 2008)

1st example 691v 1st _____ 2nd _____ 3rd _____

If you are TOP 25 and will run it but want to reserve your outside of 25 number enter it here _____

You will have the choice in 2009 to not run an earned top 25 if your like and keep your current number

UNDER THE ARTICLES AND BYLAWS OF THE OVER THE HILL GANG("OTHG") ASSOCIATION, I HEREBY AGREE TO CONFORM TO AND COMPLY WITH ALL THE RULES GOVERNING ALL COMPETITIVE EVENTS WHILE PARTICIPATION AS A MEMBER OF THE OTHG ASSOCIATION, AND ANY PROPERTY OWNERS FOR ANY LOSS OR INJURY TO MYSELF, MY PROPERTY AND ANY FAMILY MEMBER ACCOMPANYING ME TO A COMPETITIVE EVENT. I DO ALSO AGREE TO ASSUME RESPONSIBILITY FOR ANY PROPERTY DAMAGE WHICH I KNOWINGLY INITIATE. **I FURTHER AGREE NOT TO ADDRESS ANY RACE PROMOTER ON RACE DAY WITH ANY COMPLAINTS OR CONCERNS AND WILL INSTEAD DISCUSS ANY ISSUES WITH THE OTHG RACE DIRECTORS OR OTHER BOARD MEMBERS. I UNDERSTAND THAT IF I ADDRESS ANY RACE PROMOTERS, I WILL BE DOCKED A LAP FOR EACH MOTO.**

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SIGNATURE: _____ **DATE:** _____

PLEASE SEND COMPLETED APPLICATION AND MEMBERSHIP FEE PAYABLE TO "OTHG" TO
OTHG 2623 Marie Drive Madera,CA 93637

Upon Receipt we will verify your number request and send our your membership card

VISIT OUR WEBSITE CENTRALCALMX.COM FOR RACES, CURRENT POINTS, MESSAGE BOARD DISCUSSION

CLUB USE ONLY