

2009 Heart of Ohio Tailwinds Membership

Please print this application on your browser and mail to the address at the bottom of the page. Please complete the application and sign the release for all members of the family who wish to join. Signature of parent or guardian is required for each child under the age of 18 years.

By signing this release for myself or for the applicant under 18 years of age, I understand and agree to absolve all Heart Of Ohio Tailwinds Bicycle Club members, sponsors, organizers, and associated entities singly and collectively of all blame for any injury, misadventure, harm, loss, or inconvenience suffered as a result of taking part in any of the activities or gatherings of the Heart Of Ohio Tailwinds Bicycle Club.

_____ Print Name Birth Date, if child Signature

1

2.

3.

4.

Date of Signature(s): _____ (Mandatory)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail Address: _____

Please Check All that apply:

New Member[] Renewal[] New Rider[]

I would be willing to help with:

Ride Leader or Routes[] HOT TAMALE Ride [] Other: _____

All memberships expire December 31 of each year.

Dues: Individual: \$5 Married Couple \$8 Family \$10

*Amount Paid \$ _____

Payable to **Heart of Ohio Tailwinds Bicycle Club.**

**MAIL FORM TO:
HEART OF OHIO
TAILWIND BIKE CLUB
PO Box 176
MARION OH 43301-0176**