

2024
NW Vet MX- Oregon Chapter
Club Membership Application

~~~~~ Please **CLEARLY** print information. ~~~~~

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse (or significant other): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Bike Brand: \_\_\_\_\_ Riding #: \_\_\_\_\_

Membership: \_\_\_\_\_ Family Membership (\$30 annually – expires 12/31/24)

**Includes family members under age 30 that ride “Support classes”.**

Membership dues allow participation in club events and mandatory Int’l Vet MX race events

Please provide 30+ and Support ridernames \_\_\_\_\_

**80+ and 90+ Riders are FREE!! Please just send in the form and come Race!**

**Class:**  
**(Please circle one)**

**Proof of age may be required.**

To participate in the +30/40+ age classes you **MUST BE** at least 30/40 years old by the date of the event you wish to ride.

**NO EXCEPTIONS!** All other age classes, your birthday must fall within the calendar year of the age class you wish to participate in.

| <u>30+</u>   | <u>40+</u>   | <u>50+</u>   | <u>60+</u>   | <u>70+</u>   | <u>75+</u> | <u>80+</u> | <u>90+</u> |
|--------------|--------------|--------------|--------------|--------------|------------|------------|------------|
| Master       | Master       | Master       | Master       | Master       | One Class  | One Class  | One Class  |
| Expert       | Expert       | Expert       | Expert       | Expert       |            |            |            |
| Intermediate | Intermediate | Intermediate | Intermediate | Intermediate |            |            |            |
| Novice       | Novice       | Novice       | Novice       | Novice       |            |            |            |

Classes: **Masters**-Local A or Past Pro, **Expert**-Local B or Intermediate, **Intermediate**- Local C or Jr, **Novice**-Local D or Beg

Legal Release:

I, the undersigned, fully understand that at no time will I make a legal or financial claim against, nor will hold responsible, any member of Northwest Vet MX, LLC, for any damages to my motorcycle, equipment, or my body, including death. I am, and will be accountable for my own actions. I have read and fully understand the above legal release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checks are made payable to:

“NW Vet MX”

Please mail to:

NW Vet MX – PO Box 1831 White Salmon, WA 98672