



Harley-Davidson H.O.G.

EASTSIDE CHAPTER Bellevue, WA #5389

Supplemental Membership Form 2012

FIRST: _____

LAST NAME _____

BIRTHDAY (optional) _____ SEX _____

NICK NAME _____

HOME PHONE _____

CELL PHONE _____

EMERGENCY CONTACT: (This should be someone *other* than your rider!)

NAME _____ RELATIONSHIP _____ PHONE _____

SPOUSE/SIGNIFICANT OTHER:

NAME _____ RELATIONSHIP _____ PHONE _____

Please be sure to sign the Release Form and mail to:

Eastside H.O.G.

Attn.: Membership Officer

P. O. Box 40081

Bellevue, WA 98005-4081

Photography

Photographing, filming, recording and videotaping of activities and events will be occurring at Eastside HOG events. By entering and attending the events and event areas, you irrevocably grant permission to Eastside Harley Owners Group and its agents to photograph, film, record and/or videotape you and authorize the use of your name, image, likeness, voice, and/or biographical or other information in any and all media now known or hereinafter developed in perpetuity for any and all purposes.

*Check and make sure both forms are accurate and completely filled out.
Incomplete forms will be returned to sender and may delay your enrollment.*

Rev. Jan. 2012