



2018 Membership Form

Over The Hill Gang Bay Area Chapter

www.bayothg.com

Personal Information Section (Please Complete ALL Information Requested)

Name:	OTHG#:	
Address:	Email: (Write Clearly)	
City:	State:	Zip:
Phone:	Transponder #:	
Birthdate:	Age:	Emergency Phone:
		Current OTHG Class (Age & Skill):

All New Members must check in with our Race Director at your next 2 events for evaluation and proper Class assignment.

I am or have been a Member of OTHG before? Circle one: True False

Certification and Agreement

UNDER THE ARTICLES AND BYLAWS OF THE OVER THE HILL GANG ASSOCIATION, I HEREBY AGREE TO CONFORM TO AND COMPLY WITH ALL RULES GOVERNING ALL COMPETITIVE EVENTS WHILE PARTICIPATING AS A MEMBER OF THE OVER THE HILL GANG ASSOCIATION. ESPECIALLY NOTING THAT I MUST HAVE PROPER NUMBERS AND BACKGROUNDS ON MY BIKE AT ANY OTHG EVENT. I FURTHER AGREE TO HOLD HARMLESS THE OFFICERS AND MEMBERS OF THE OVER THE HILL GANG ASSOCIATION, AND ANY PROPERTY OWNERS FOR ANY LOSS OR INJURY TO MYSELF, MY PROPERTY, OR ANY FAMILY MEMBER ACCOMPANYING ME TO A SANCTIONED EVENT. I DO ALSO AGREE TO ASSUME RESPONSIBILITY FOR ANY PROPERTY DAMAGE WHICH I KNOWINGLY INITIATE. I FULLY UNDERSTAND MOTORCYCLE RIDING AND RACING IS DANGEROUS AND CAN RESULT IN SEVERE INJURY OR EVEN DEATH. I HAVE READ THE PRECEDING PARAGRAPH AND DO AGREE WITH THIS STATEMENT AND CERTIFY THAT ALL FACTS SUBMITTED ARE TRUE AND ACCURATE. **I FURTHER AGREE NOT TO ADDRESS ANY RACE PROMOTER ON RACE DAY WITH COMPLAINTS OR CONCERNS. I UNDERSTAND SUCH ACTION MAY RESULT IN A DOCKED LAP FOR EACH MOTO. I WILL INSTEAD DISCUSS ANY ISSUES WITH THE OTHG RACE DIRECTORS OR OTHER OTHG BOARD MEMBER DIRECTLY.**

I have read and agree to the above paragraph - **(Initials)** _____

2018 Race Number Selection

Your 2017 race number will be released if your 2018 dues are not paid by January 31, 2018.

I will run my Top 25 number: _____. I also want to reserve my non-Top 25 2017 race number _____.
- or -

I will keep my non Top 25 2017 Race Number: _____
- or -

I will select a new non-top 25 number (Visit the [Join the Gang](#) page for the current Member list)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Send a check payable to OTHG in the amount of \$40.00

Bay Chapter OTHG Membership
415 Laurent St.
Santa Cruz, CA. 95060

Signature

Date

Print Name