

2021 Membership Application

NOTES:



1 **Membership Dues: \$40 - Annually** 2 **New Member** **Renewal**

3

First Name:					Last Name:							
Street Address:												
City:				State:			Zip					
Email: (Required)												
Transponder #					Cell Phone:							
Emergency Phone #:							Date of Birth:					
OTHG AGE GROUPS AND CLASSES		+30	+38	+45	+52	+58	<input type="checkbox"/> WOMEN		BEG	NOV	INT	EXP
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEG	NOV	INT	EXP	MASTER	MASTER/AMT	<input type="checkbox"/> +65		NOV	INT			
<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"/>			

4 **2021 Race Number Selection**

New Members → Requested Number: (Note: 1-25 are reserved) 1st _____ 2nd _____ 3rd _____ 4th _____

Renewals → Please select one of the choices below:

I will keep my current Sierra Chapter race number:

I earned a Top 25 number and will use it. I also want to reserve my current Sierra Chapter number from line above

I will choose a new non-Top 25 race number. 1st _____ 2nd _____ 3rd _____ 4th _____

*****NOTE: Your 2020 number will be released if your 2021 dues are not paid by January 31st, 2021**

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 THE COMPETITIVE EVENTS WHILE PARTICIPATING AS A MEMBER OF THE OTHG ASSOCIATION. I FURTHER AGREE TO HOLD HARMLESS THE OFFICERS AND MEMBERS OF THE OTHG ASSOCIATION, AND PROPERTY OWNERS FOR ANY LOSS OR INJURY TO MYSELF, MY PROPERTY OR 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 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 PROMOTER, I WILL BE DOCKED A LAP FOR EACH MOTO.

5 ***SIGNATURE:** _____ **DATE:** _____

* **Typing or Signing your name here, you accept to the terms above** **Date Signed**

6 Please send completed application & membership fee payable to "Sierra OTHG" to:

Charlie Baldwin 3297 Tea Rose Dr. El Dorado Hills, CA 95762

You can pay via PayPal - Send payment to: treasurer@sierraothg.com

Visit our website at www.sierraothg.com for current OTHG races, points and club discussions

Club Use Only

CLUB #: _____ CLASS: _____ Cash Check # _____ PayPal