



Bike Psychos Membership Application

Return completed form and fee to:

Bike Psychos, PO Box 652, Oak Lawn, IL 60454

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (optional): _____ Email: _____

Birthday MM/DD (optional): _____

Individual Membership (\$20) Family Membership (\$25)

Include all family member's names and children's ages (attach separate page if necessary):

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Participation in all Bike Psychos Club activities is at the rider's risk!

I understand that the Bike Psychos and its officers and members are not responsible for, and are not insurers of my personal safety during its club rides. I hereby release the Bike Psychos and its officers and members and I agree to hold them harmless from any and all liability arising from my having sustained any property damage or personal injury while participating in club rides and activities. Bike Psychos requires a certified bike helmet to be worn on all rides.

Date _____ Guardian Signature (for children under 18) _____

Member Signature _____ Spouse Signature _____