



FENLANDERS HOG® 9143#
Harley-Davidson®



NEWMARKET

CHAPTER MEMBERSHIP – ENROLMENT FORM AND RELEASE v1

A Valid H.O.G membership is required for all members of Fenlanders chapter 9143

All applications are reviewed. Please note, Completion of this form does not guarantee acceptance into the FENLANDERS chapter 9143

Membership Information:

Membership fees are payable annually and are £20 for a single membership or £25 for a Joint Membership (two H.O.G.® members living at the same address). FENLANDERS membership year runs on a 12-month rolling basis

Membership type: (please tick as applicable)

Single Membership:

Joint Membership:

Payment Method: (please tick as applicable)

Cash

Cheque

Card (VISA etc)

Address Information:

Line 1:

Line 2:

Town:

County:

Postcode:

Single or First Joint Member Information

H.O.G Number	
H.O.G expiry	
First Name/s	
Surname	
Contact Number	
Email	

Emergency Contact Information

First Name	
Surname	
Contact Number	
Relationship	

Declarations:

<input type="checkbox"/>	I have read the Annual Charter for H.O.G. Chapters and hereby agree to abide by it as a member of this dealer sponsored Chapter.
<input type="checkbox"/>	I have read the policies for the Fenlanders and hereby agree to abide by them as a member of this dealer sponsored Chapter.
<input type="checkbox"/>	I recognise that while this Chapter is chartered with H.O.G., it remains a separate, independent entity solely responsible for its own actions.
<input type="checkbox"/>	I have read and agree to be bound by the conditions set out in the Release Statement overleaf.
<input type="checkbox"/>	I have read and agree to be bound by the conditions of the Data Privacy Statement overleaf.

Joint Member Information

H.O.G Number	
H.O.G expiry	
First Name/s	
Surname	
Contact Number	
Email	

Emergency Contact Information

First Name	
Surname	
Contact Number	
Relationship	

Declarations:

<input type="checkbox"/>	I have read the Annual Charter for H.O.G. Chapters and hereby agree to abide by it as a member of this dealer sponsored Chapter.
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<input type="checkbox"/>	I recognise that while this Chapter is chartered with H.O.G., it remains a separate, independent entity solely responsible for its own actions.
<input type="checkbox"/>	I have read and agree to be bound by the conditions set out in the Release Statement overleaf.
<input type="checkbox"/>	I have read and agree to be bound by the conditions of the Data Privacy Statement overleaf.

THIS IS A RELEASE STATEMENT. PLEASE READ BEFORE SIGNING THE APPLICATION FORM:

I agree that the Sponsoring Dealer, Harley Owners Group (H.O.G.), H.O.G. Chapter Officers, Harley-Davidson, Inc., Harley-Davidson Motor Company, Harley-Davidson Europe, Ltd, and any of its corporate affiliates, and their respective officers, directors, employees and agents (hereinafter, the "RELEASED PARTIES") shall not be liable or responsible for damage to my property occurring during any H.O.G. or H.O.G. Chapter activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage is caused by negligence (except wilful intent). I understand and agree that all H.O.G. members and their guests participate voluntarily and at their own risk in all H.O.G. activities and I assume all risks arising out of the conduct of such activities. I release and hold the "RELEASED PARTIES" harmless from any loss to my property which may result from my participation in H.O.G. activities and EVENT(S).

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY DAMAGE TO MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S), EXCEPT IN THE CASE OF WILFUL INTENT BY THE RELEASED PARTIES.

Nothing in this disclaimer is intended to release any party mentioned herein for any liability for injury or death cause through that party's negligence.

I understand that the RELEASED PARTIES may take photographs of participants at the EVENT(S) for use in H.O.G.® related materials. I hereby confirm that I have no objection that my photograph is taken and used in this context and for this purpose.

By signing this Release and Authorisation to Photograph, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the RELEASED PARTIES.

DATA PRIVACY STATEMENT. PLEASE READ BEFORE SIGNING THE APPLICATION:

The information you provide in this form will be used solely for dealing with you as a member of the Fenlanders HOG Chapter ("The Chapter"). The Chapter has a Data Privacy Policy which can be found at fenlandershcg.co.uk

Your data will be stored and used in accordance with this Policy. By applying and becoming/renewing your membership to The Chapter you are consenting to us collecting this data, storing it and processing it only for the purpose of running The Chapter and keeping you informed of The Chapter events and activities as set out in our Privacy Policy. Photographs or videos may be taken at ride outs or events organised by The Chapter and those published on our website or social media channels to promote The Chapter. By participating in these ride outs or events you will be consenting to your image being used by The Chapter in this way.

If you later wish to withdraw consent, please contact the Fenlanders Chapter Secretary by email 'secretary@fenlandershcg.co.uk'. By withdrawing your consent to certain data usage (such as your name and address), we may not be able to provide you with membership to The Chapter and by doing so your membership may be Cancelled. By you submitting images to The Chapter to be used on our website or social media, you agree to assign any right of ownership of those images to The Chapter.

Signed by Single or Joint First Member:

Signature:

Date:

Signed by Joint Second Member:

Signature:

Date:

RETURN THIS FORM TO: MEMBER SHIP SECRETARY

KAREN POULTER 98 HARWICH ROAD, MISTLEY, MANNINGTREE ESSEX CO11 2DD

Cheques must be made payable to "FENLANDERS HOG 9143"

For Official Use Only
Payment Received <input type="checkbox"/>
Applicant 1 Accepted <input type="checkbox"/>
Applicant 2 Accepted <input type="checkbox"/>
Applicants Informed <input type="checkbox"/>
Cards Issued <input type="checkbox"/>