



# WOMEN IN THE WIND

## MEMBERSHIP APPLICATION

### EDMONTON CHAPTER

NAME \_\_\_\_\_

Please Print Information Clearly-No abbreviations Please

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Contact Phone- Cell or Home? (    ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ E-MAIL \_\_\_\_\_

I HAVE READ THE WOMEN IN THE WIND BY LAWS (AND CHAPTER BY LAWS, IF APPLICABLE) AND HEREBY AGREE TO ABIDE BY THEM.

I ALSO AGREE THAT WOMEN IN THE WIND, THE EDMONTON CHAPTER, THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND MEMBERS SHALL NOT BE LIABLE OR RESPONSIBLE FOR DAMAGE TO PROPERTY OR ANY INJURY TO PERSONS INCLUDING MYSELF DURING ANY WOMEN IN THE WIND OR CHAPTER ACTIVITY EVEN WHERE THE DAMAGE OR INJURY IS CAUSED BY NEGLIGENCE (EXCEPT WILLFUL NEGLIGENCE). I UNDERSTAND THAT AND AGREE THAT ALL WOMEN IN THE WIND MEMBERS PARTICIPATE AT THEIR OWN RISK.

**MEMBER SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

**Please note: Dues are prorated and should be as follows...**  
**\$40 if collected March 22- July 1**  
**\$30 if collected July 2-November 1**  
**\$20 if collected November 2-March 21**

**Checks to be made out to Women In The Wind and mailed to:**  
**WITW Edmonton Chapter**  
**Box #47160**  
**62 Edmonton Centre**  
**Edmonton, Alberta**  
**T5J 4N1**

Class 6 witnessed by: \_\_\_\_\_ (WITW executive)  
Given WITW shoulder patch \_\_\_\_\_ (yes or no)

**MOTORCYCLE INFORMATION:**

MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_  
MODEL: \_\_\_\_\_ CC's: \_\_\_\_\_  
Bike's Nickname: \_\_\_\_\_ Current Mileage: \_\_\_\_\_  
MOTORCYCLE LICENSE: NO YES (circle one)  
if yes, what year obtained: \_\_\_\_\_

**ADDITIONAL INFORMATION:** (give date most recently taken)

First Aide: \_\_\_\_\_ CPR: \_\_\_\_\_  
Gearing Up Course: \_\_\_\_\_ Street Skills Course: \_\_\_\_\_  
Experienced Rider Course: \_\_\_\_\_

**CONTACT IN CASE OF EMERGENCY:**

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**How did you find out about Women in the Wind:**

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