



APPLICATION FOR MEMBERSHIP

PLEASE PRINT

Members

Name: _____
Last Name First Name Date of Birth

Family
Member

_____ Last Name First Name Date of Birth

Address

City State Zip Code

Phone Number (____) _____ E-Mail address _____

2nd E-mail _____

How did you hear about our club? Card left on car _____ Word of mouth _____ Web site _____

Year of your PT _____ Model _____ Color _____

Liability Release

I or We, realize that activities for this club may involve some potential hazards. I or We agree that the EMPIRE STATE CRUZERS Club, it's Officers, and members shall not be held liable by me, my relatives, my heirs, legal guardian, or representatives for any act that may result in my injury or death while freely participating in any activities sponsored by the aforementioned organization.

Member
Signature _____ Date _____

Family Member
Signature _____ Date _____

Make check payable to: EMPIRE STATE CRUZERS (\$35.00)
Mail to: Empire State Cruzers
35 Mill Valley Road
Pittsford, NY, 14534