



L.I. Harley Riders, Inc. - A.M.A. Charter # 3156

2027 Membership Enrollment and Release Form

Member Name: _____ Abbreviated / Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Cell Phone #: _____ D.O.B: _____

AMA Nat. #: _____ AMA Exp. Date: _____ L.I. Harley Riders Membership #: _____

I.C.E. (In Case of Emergency) Contact Names and Numbers

(Name1): _____ (Phone): _____

(Name2): _____ (Phone): _____

I have read the Annual Club Constitution and By-Laws and hereby agree to abide by them. I recognize that while this A.M.A. Chapter is chartered with A.M.A., it remains a separate, independent entity solely responsible for its actions.

— This is a “Release”, Please Read Before Signing —

I agree that the American Motorcycle Association, my Chapter (Charter) and their respective officers, directors, road captains, employees and agents (herein after, the RELEASED PARTIES) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any A.M.A. or chapter activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all A.M.A. members and their guests participate voluntarily and at their own risk in all A.M.A. activities and I assume all risks of injury and damage out of the conduct of such activities.

I hereby release and hold the RELEASED PARTIES harmless from any injury or loss to my person or property which may result from my participation in A.M.A. activities and events.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE “RELEASED PARTIES” FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification Agreement including but not limited to Section 1542 of the California Civil Code which provides: “A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known to him must have materially affected his settlement with the debtor. ”By signing this Release, 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”.

Member Signature: _____ Dated: _____

Local Dues Received by: _____ Date: _____ Amount: _____ Cash / Ck# _____

As a charter member, you consent, unless otherwise indicated in writing below, to the posting of photos of you on our website, as well as allowing for your personal contact information on our private, “members only” web portal (collectively, the Photographic Content and Member Content).

Please return this form and proper payment to.....

L.I. Harley Riders, Inc. Membership

(Please see the below note regarding membership fees)

P.O. Box 1375, Commack, NY 11725

***2027 membership renewals paid prior to December 31, 2026 will be discounted as follows:**

“Full Membership” discounted to \$60.00, “Associate Membership” discounted to \$40.00.

****Renewals received after 12/31/26 are \$70.00 “Full Membership” & \$45.00 “Associate & Social Membership”.****

***Associate & Social Membership is for a non-motorcycle riding person or a person that rides as a passenger.**



L.I. Harley Riders, Inc.
Member Riding Profile - Full Members Only



 **Rider Name:** _____ **Type:** _____ **Member Since:** _____
Signature: _____ **Date:** _____ **Referred By:** _____

 Member Eligibility Requirements (please affirm with your initials; *provide copy of documents):

1. I have a valid Motorcycle license* _____
2. I own a Harley-Davidson _____ Year: _____ Model: _____
3. I certify that my motorcycle(s) is/are insured* _____
4. I am strictly a Passenger / Associate Member _____

 Member Code (please affirm with your initials):

1. When riding with L.I. Harley Riders, I agree to wear a DOT helmet and appropriate riding gear _____
2. I agree to keep my motorcycle(s) inspected and well-maintained at all times

3. I agree to conform to all group riding rules for my own safety and the safety of all others

4. I understand that riding while using alcohol and/or drugs that impair my ability is strictly forbidden _____

 Profile (click the box):

Number of years riding motorcycles	<1 ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ >20 ☐
Average annual miles ridden (last few years)	<1,000 ☐ 1-2,000 ☐ 3-5,000 ☐ 5-10,000 ☐ >10,000 ☐
Maximum one-day comfortable mileage limit	<100 ☐ 200 ☐ 300 ☐ 400 ☐ 500 ☐ >500 ☐
Rate your overall experience riding in a group	None ☐ Limited ☐ Moderate ☐ Extensive ☐
Chapter/Club affiliations (current)	None ☐ HOG ☐ AMA ☐ Other ☐
Chapter/Club affiliations (former)	None ☐ HOG ☐ AMA ☐ Other ☐

 On a scale of 1 to 5 (1 being“ Not Comfortable”, 5 being“ Very Comfortable”), please assess the following questions.

Riding off of Long Island, over bridges, through NYC?	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Riding at dusk / evening? (Somewhat darker conditions)	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Riding in the rain?	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Going away on an overnight trip?	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Extended off - island trip (more than two nights away)	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Getting “lost” in the woods on back roads sometimes unpaved	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

 What do you expect from your LIHR membership? (check all that apply)

- Socialize / Make new life-long friends ☐ Improve my riding skills ☐ New roads / New destinations ☐
Challenge my pre-conceived comfort zone ☐ Overnights / Long distance riding ☐ All of the above ☐

 **Comments, Criticism, Suggestions?** _____

----- **For Office Use Only** -----

Reviewed By (1): _____ Reviewed By (2): _____

Comments: _____