



Membership Application

Women On Wheels®
P. O. Box 83076, Lincoln, NE 68501
Phone: 402-477-1280
Website: www.womenonwheels.org

FOR OFFICE USE ONLY

JOIN: \_\_\_\_\_

EXPIRE: \_\_\_\_\_

PLEASE PRINT CLEARLY

Member Name (Female Only)

Support Member (Male or Female; Sponsorship by Full Member Required)
O Male O Female

Form with fields for Last, First, Middle names for both Member and Support Member.

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone/Home ( \_ \_ ) \_\_\_\_\_ Business ( \_ \_ ) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that Women On Wheels® cannot assume responsibility for any aspect of my safety and that if I participate in any WOW event, I do so voluntarily on my own assessment of my ability, the routes, and all facilities and conditions, assuming all risk; and I release and hold Women On Wheels®, its members and officers, harmless for any injury or loss to my person or property which may result therefrom. I also hereby certify that I am in compliance with my state's financial responsibility laws regarding the carrying of proper insurance. I also hereby certify that I am in compliance with my state's motorcycle laws. I understand that participation may result in my photo being published in/on the Women On Wheels® magazine or website.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Table with 2 columns: Manufacturer (BMW, HD, Honda, Kawasaki, Moto Guzzi, Suzuki, Yamaha, Other) and MEMBER SERVICES DIRECTORY (Do you want to be listed... Please check items you will provide for traveling WOW members).

Table with 5 columns: Full Member, GEM Member, Support Member, Child Member, Magazine Subscription. Includes pricing and descriptions for each membership type.

Membership dues are non-refundable. All monies payable in U.S. funds, no foreign checks. Outside USA, add \$5 per year. A \$2 transaction fee will be added to credit card payments. Make checks payable to WOW.

D MasterCard D Visa Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

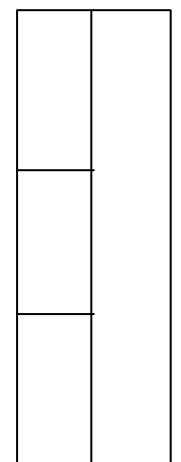
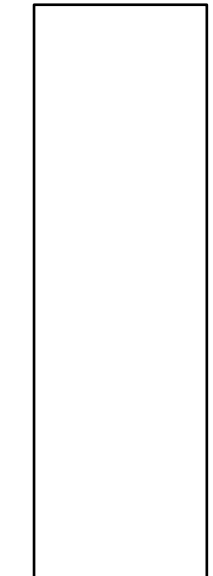
Mail application/payment to: WOW, P.O. Box 83076, Lincoln, NE 68501

OR obtain your membership over the phone by calling 402-477-1280

The WOW Board of Trustees may deem some promotional information valuable to its membership and may occasionally authorize a one time controlled mailing. Check here if you do not want to be included. O D PLEASE SEND INFORMATION ON HOW TO START A WOW CHAPTER IN MY AREA

How did you hear about us? Check below or list Recruiter name, membership number and address:

O Website O M/C TradeShow O Other O Member Name & No. \_\_\_\_\_



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