



Membership Application

"Sport Touring at its Finest"

Please check one: New Member Or Renewing Member; provide renewing COG # _____

Select Membership Plan:

Regular Club Membership

- \$37.00 / 1 Year
- \$72.00 / 2 Year
- \$106.00 / 3 Year

Regular & Associate Member*

- \$42.00 / 1 Year
- \$82.00 / 2 Years
- \$121.00 / 3 Years

*Must be member of same household.

Industry Member**

- \$50.00 / 1 Year
- \$98.00 / 2 Years
- \$145.00 / 3 Years

**Manufacturer / Provider of products / service to members

Member Information:

First Name: _____ Last Name: _____ Phone: _____

Associate's Name: _____

Address: _____ Email: _____

City: _____ State / Province: _____ Zip: _____ Country: _____

Include your name in the annual printed membership directory? Yes No

These apply only if YES answered above:

Include your address in the annual membership directory? Yes No

Include your phone number in the annual membership directory? Yes No

Include your email address in the annual membership directory? Yes No

I have a bedroll or tent space for traveling members. Yes No

I can help members in case of mechanical trouble? Yes No

Members can call while traveling for conversation/camaraderie? Yes No

Mailings or emails from COG industry members are OK? Yes No

Receive Newsletters By:
<input type="checkbox"/> Email
<input type="checkbox"/> Regular Mail

Please read and sign the following release:

I understand that the Concours Owners Group cannot assume for any aspects of my safety and that I participate in any event, I do so on my ability, the routes, and all facilities and conditions, assuming all risk. And I release and hold the Concours Owners Group, its officers, members harmless for any injury and / or loss to my person or property which may result there from. I also certify that I am in compliance with my state financial responsibility law's regarding the carrying of proper insurance and holding appropriate license for operating a motorcycle. I further understand that membership information will be held online in a secure 3rd party hosted database.

Member signature: _____ Date: _____

Associate Member signature: _____ Date: _____

Mail Payment and Form to :

Concours Owners Group ,c/o Fred Boothe, 435 Murphy Rd Ste B1 # 190, Stafford, TX 77477-5420