



COG MEMBERSHIP APPLICATION

“Sport Touring at its Finest”

Please enroll me as one of the following: *(Check one)*

(Include a check or money order, US funds only, payable to the “Concours Owners Group”)

Regular Club Member

___\$37 / 1 Year

___\$72 / 2 Years

___\$106 / 3 Years

Regular & Associate Member*

___\$42 / 1 Year

___\$82 / 2 Years

___\$121 / 3 Years

Industry Member

___\$50 / 1 Year Standard

___\$98 / 2 Year Standard

___\$145 / 3 Year Standard

**Associate & member must live in the same household. All benefits apply.*

***Manufacturer/provider of products/service to members.*

First Name: _____ Address: _____ Phone: _____

Last Name: _____ City: _____ Email: _____

Associate First: _____ State/Province: _____ AMA #: _____

Associate Last: _____ Zip Code: _____ Exp. Date: _____

Company Name: _____ Business Type: _____ Website: _____

For The Annual Hardcopy Membership Directory:

- Include your name in the annual membership directory? Yes ___ No ___
- 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 ___
- Do you want mailings or emails from COG industry members? Yes ___ No ___
- Members can call while traveling for conversation/camaraderie? Yes ___ No ___

I would like to receive the

newsletter via:

(Check one)

E-mail: ___ Snail Mail: ___

NOTICE:

If you want correct information to appear in the annual hard copy membership directory you **MUST** answer the questions on the left.

Willing to volunteer for: Publishing newsletter ___ Helping to organize COG events ___
Organizing COG membership ___ Other ___ *(explain on back)*

Returning Members:

COG Number ___

I'm interested mainly in: The classic Concours C-10 ___ The Concours C-14 ___

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'm in compliance with my state financial responsibility laws 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.

Regular / Industry Member: _____ Date: _____

Associate Member: _____ Date: _____

Mail Completed application to:

Darrell Anderson – COG Membership Director

171 Sanjen Lane Stevenson WA, 98648

Allow two weeks for processing