



New Orleans Metro Area Mountain Bike Organization

MEMBERSHIP APPLICATION

NAME : _____

ADDRESS : _____

CITY : _____ STATE : _____ ZIPCODE : _____

E-MAIL ADDRESS : _____

TELEPHONE HOME : _____

CELL : _____

AGE : _____ GENDER : _____

I hereby apply for membership of the New Orleans Metro Area Mountain Bike Organization (**NOMAMBO**). I undertake to adhere to the rules of **NOMAMBO** as well as to the rules of IMBA, (International Mountain Bike Association). I understand that mountain biking can be dangerous and, on behalf of myself, my family and any personal representatives, I release and forever discharge **NOMAMBO**, its members, sponsors, promoters and any other person or organization involved with **NOMAMBO** from all and any liability, claim or cost to myself or my property arising directly or indirectly out of my traveling to, attendance at or participation in any activity of **NOMAMBO**. I irrevocably waive any claim which I may have against **NOMAMBO** or its members, officers, directors, and affiliates arising from any cause whatsoever, including gross negligence, which may arise from my traveling, attendance or participation as aforesaid. I certify that the above information is correct and that I have read and understand the contents.

Applicant's Signature : _____

Parent/Guardian's Name (If under 18) : _____

Parent/Guardian's Signature : _____

Date : _____

NOMAMBO annual membership dues are \$20.00 to be renewed annually.

Please mail application with check payable to:

NOMAMBO
C/o Eric Heyl
334 Madewood Dr.
Destrehan, LA 70047

