

**Wisconsin Ducati Owners**

**Membership Form 2019**

[www.wisconsinindesmooowners.com](http://www.wisconsinindesmooowners.com)

**MEMBERSHIP DUES**

New Member: \$25   
Renewal: \$20

Mail to: WDO  
c/o MotoUnion Ducati Milwaukee  
11422 W Greenfield Ave  
West Allis, WI 53214

**\*\* ALL FIELDS MUST BE COMPLETED \*\***

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SHIRT SIZE: \_\_\_\_\_  
**(ITALIAN SIZE)**  
(S, M, L, XL, XXL, XXXL)

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ **PLEASE PRINT EMAIL ADDRESS CLEARLY**

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_

PURCHASED: NEW  USED

**WOULD YOU LIKE TO BE INCLUDED IN A WDO CLUB DIRECTORY? YES  NO**

**THE DIRECTORY WILL INCLUDE YOUR NAME, CITY AND A WAY TO CONTACT YOU.**

**PLEASE CHOOSE ONE OR BOTH OF THE FOLLOWING: PHONE  E-MAIL**

By signing the WDO Membership Form I hereby agree to release WDO and its officers, members and sponsors from any liability associated with any mental, physical, operational, disability, or fatality damages incurred during the course of any WDO event and/or ride. I agree to and understand that participating in WDO is of my own free will and choice and is on a voluntary basis in which I incur full responsibility for any mental, physical, operational, disability or fatality damages that may occur during the course of any routine or non-routine WDO activities. I further agree on behalf of any family members and/or guardians to release WDO officers, members and sponsors from all liabilities associated with my participation in WDO. I have read and understand the WDO Group Etiquette Rules which are clearly stated on the WDO web site. I agree to wear proper riding protection (helmet, jacket, gloves, long pants, and proper foot wear). By signing this membership form I state that I am at least 18 years of age and operate a registered and street legal vehicle here in, but not limited to, the State of Wisconsin. I also attest that my vehicle meets all safety and emission requirements for operation as stated by the Wisconsin Department of Transportation of the State of Wisconsin. I further attest that I currently possess for my vehicle the proper insurance and liability coverage as outlined by the Wisconsin Department of Transportation and the State of Wisconsin.

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

Print Name: \_\_\_\_\_