

METEOR MOTORCYCLE CLUB

APPLICATION FOR MEMBERSHIP

| | | | |
|---------|--|-------|--|
| Name | | | |
| Address | | | |
| City | | State | |
| Zip | | Phone | |
| Email | | | |

| | |
|------|--|
| Date | |
|------|--|

| | |
|-------------------------|--|
| 1 st Reading | |
| 2 nd Reading | |
| 3 rd Reading | |
| Last Reading | |

Do not write in shaded area

AMA Number: _____ Expires: _____

ECEA Number: _____ Expires: _____

Application Fee Attached

Yes _____ No _____

| | | | | |
|--------------------------|------------------------------|-----------|-------|-------|
| Do you own a motorcycle? | <input type="checkbox"/> Yes | Year/Make | Model | CCs |
| | <input type="checkbox"/> No | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |

I desire to belong to the METEOR MOTORCYCLE CLUB for the following reasons:

I agree to promote good motorcycling and good sportsmanship.

Signed: _____

The following members in good standing are Sponsoring this applicant:

Sponsor 1: _____

Sponsor 2: _____