

METEOR MOTORCYCLE CLUB INC

APPLICATION FOR MEMBERSHIP

NAME:			
ADDRESS:			
CITY:			
STATE:		ZIP:	
E MAIL:			
CELL NUMBER:			
HOME NUMBER:			
OCCUPATION:			
AGE OF APPLICANT:		D.O.B.:	

DATE APPLY:

1ST READING:	
2ND READING:	
3RD READING:	
LAST READING:	
DO NOT WRITE IN SHADED AREA	

METEOR YEARLY DUES ARE \$25.00
APPLICATION FEE \$10.00 ATTACHED

AMA NUMBER: _____ NEED ONE? _____

YES _____ NO _____

ECEA NUMBER: _____ NEED ONE? _____

DO YOU OWN A MOTORCYCLE? YES _____ NO _____

IS IT REGISTERED?? YES _____ NO _____

IS IT INSURED?? YES _____ NO _____

IS IT PLATED?? YES _____ NO _____

	YEAR/MAKE	MODEL	CC'S
1			
2			
3			

BIKE MUST HAVE ALL 3 MENTIONED ABOVE OR CAN NOT BE RIDDEN IN STATE FOREST OR PRIVATELY OWNED GROUNDS. IF A VIOLATION / ACCIDENT WAS TO OCCUR, MEMBER ASSUMES FULL RESPONSIBILITY OF HIS/HER ACTIONS. THERE MAY BE A POSSIBLE EJECTION FROM THE METEOR MOTORCYCLE CLUB INC.

I WANT TO BELONG TO THE METEOR MOTORCYCLE CLUB INC. FOR THE FOLLOWING REASONS:

I AGREE TO PROMOTE GOOD MOTORCYCLING AND GOOD SPORTSMANSHIP AND WILL DO MY PART TO CONTRIBUTE MORTORCYCLING STEWARDSHIP TO FELLOW MEMBERS OR FORFEIT MY METEOR MEMBERSHIP.
SIGNATURE: _____

THE FOLLOWING MEMBERS IN GOOD STANDINGS ARE SPONSORING THIS APPLICANT:

SPONSOR 1: _____

SPONSOR 2: _____

METEOR OFFICER APPROVED SIGNATURE: _____ DATE: _____