

WESTSIDE RYDAZ

APPLICATION FOR MEMBERSHIP
PLEASE PRINT

DATE: _____

FIRST NAME: _____

LAST NAME: _____

MIDDLE INITIAL: _____ BIRTH DATE: _____

NUMBER AND STREET: _____

CITY: _____ STATE: _____

ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MOTORCYCLE INFORMATION

DRIVERS LICENSE: _____ CLASS: _____ STATE: _____

RIDING NAME: _____

YEAR: _____ MAKE: _____ MODEL: _____

SAFETY COURSE: _____ VALID M/C INSURANCE: _____

RIDING EXPERIENCE: _____ YRS _____ MONTHS

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

RECOMMENDED BY: _____ INITIALS: _____

_____ SIGNATURE