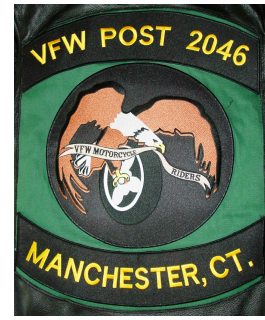




**VFW RIDERS POST 2046**  
**MOTORCYCLE RIDING CLUB**  
**MEMBERSHIP APPLICATION**



Please check one:  New Applicant:  Renewal:  Address Change only:

**Name:** \_\_\_\_\_

Date of Birth: (year optional) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Name and Phone to contact in case of emergency:**

\_\_\_\_\_  
 \_\_\_\_\_

**Your Email Address(es):** \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

**Motorcycles: (Color/Year/Make/Model)**

\_\_\_\_\_  
 \_\_\_\_\_

**Motorcycle Safety Foundation Courses Completed:**

Basic Rider Course:  Year Completed: \_\_\_\_\_

Experienced Rider Course:  Year Completed \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_