

Touring Friends Motorcyle Club Membership Application (PRINT CLEARLY)

Date submitted: _____ / _____ / _____
M D Y

(Please only one Applicant per request)

NAME: _____
Last First Middle

DOB: _____ / _____ / _____ Sex: Male Female
M D Y

Address: _____ E-Mail: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Cell Phone: (_____) _____ *
*Do you wish to receive text messages? Yes No Cell phone provider: _____

Drivers License State: _____ Drivers License No. _____

Please Check the box that applies New Application Renewal Please list shirt size: _____

I am requesting to be considered for **FULL** membership \$10.00 Application fee* \$10.00 Yearly membership fee**

I am requesting to be considered for **SOCIAL** membership \$10.00 Application fee* \$5.00 Yearly membership fee**

I am requesting to be considered for **JUNIOR** membership \$5.00 Yearly membership fee**

(*Application fee refunded if application not accepted) (** Annual Membership fee paid at time of vote)

Have you ever been convicted of a Felony Offense or Misdemeanor 1 or 2 Offence? If checked give date: _____

DISCLAIMER: I understand that by submitting this application that membership in Touring Friends Motorcycle Club is not automatic. If for whatever reason the Membership votes not to accept my application into the club, I will accept that decision. Failure to report a Criminal Offense will be an automatic rejection.

Applicant Signature: _____ Date: _____ / _____ / _____

Office use only

Membership accepted: Rejected: Date: _____ / _____ / _____

Patches: Front: _____

Date received Rear: _____

In Memory: _____

w/attachments