



MEMBERSHIP APPLICATION

PLEASE CHECK ONE: **INDIVIDUAL MEMBERSHIP – 25.00** **FAMILY MEMBERSHIP – 45.00**

APPLICANT INFORMATION

*REQUIRE FIELDS

| | | | |
|-------------|-------------|--------------|--|
| *LAST NAME: | | *FIRST NAME: | |
| *ADDRESS: | | | |
| *CITY: | *STATE: | *ZIP | |
| HOME PHONE: | CELL PHONE: | EMAIL: | |

IF YOU DO NOT WISH TO BE CONTACTED BY PHONE OR EMAIL, PLEASE INDICATE SO HERE:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

| | | | |
|-------------|-------------|--------------|--|
| *LAST NAME: | | *FIRST NAME: | |
| HOME PHONE: | CELL PHONE: | EMAIL: | |

EMERGENCY CONTACT

*Name of a relative OR friend not residing with you:

| | | |
|---------------|--------|-----------|
| Address: | | *Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

| | | | |
|-------|------|-------|------|
| NAME: | AGE: | NAME: | AGE: |
| NAME: | AGE: | NAME: | AGE: |
| NAME: | AGE: | NAME: | AGE: |

Comments/Special Instructions:

SIGNATURES

I authorize this membership application and donation to be dispersed as described under Bikers United.

| | |
|--|-------|
| Signature of applicant: | Date: |
| Signature of spouse <i>(only if for a joint membership):</i> | Date: |

**MAKE CHECKS PAYABLE TO:
BIKERS UNITED
P. O. BOX 2072 NORTH SYRACUSE, NY 13212**

DISCLAIMER: ALL INFORMATION PROVIDED ON THIS FORM IS IN THE STRICTEST CONFIDENCE. WE DO NOT SELL OR SHARE MEMBERSHIP INFORMATION UNDER ANY CIRCUMSTANCES. WE ASK FOR EMERGENCY CONTACT INFORMATION FOR ASSISTANCE/EMERGENCY SITUATIONS ONLY.