

Chaparral Member 1 Discount Card # _____

Chaparral Member 2 Discount Card # _____

CHAPARRAL RIDER'S CLUB

Membership Application Jan. 2010 – Dec. 2010

Date: _____

\$ Dollar amount _____

Paid by:

Check # _____

Cash

Date received: _____

Received By _____

Name (Member 1): _____

Name (Member 2): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Occupation: _____

E-Mail Address _____ (please print legible)

By missing 3 or more consecutive Club meeting without notification to a member of the executive board you will forfeit membership and 15 % discount privilege.

I understand this statement

Initials _____

Initials _____

Member 1

Member 2

Motorcycle License Endorsement Yes No

Yes No

Motorcycle Insurance Yes No

Yes No

License and Insurance must be shown at time of Application

Birthday Information: Month Day

Yours _____ Spouse _____

Spouse Name _____

Anniversary Date _____

Children's names and ages:

Make and Model of Motorcycle(s) Bike 1 _____

Bike 2 _____

Mileage Bike 1 _____ Bike 2 _____

Type of rides you enjoy _____

Nicknames: _____