



# Membership Application

Date Applied \_\_\_\_\_

Sponsor \_\_\_\_\_

Member's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_

Special Interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the By-Laws of the Valley Trail Riders Motorcycle Club (VTR-MC) and understand them. I agree to abide by these By-Laws. I understand that there is a \$40.00 annual membership fee.

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Signed