

VFW RIDERS MOTORCYCLE RIDING ASSOCIATION
THUNDER MOUNTAIN ARIZONA CHAPTER
MEMBERSHIP APPLICATION

Name _____ VFW/Auxiliary number _____

Life Member Y/N _____

Address _____

Phone Number _____ E-mail address _____

DOB (optional) _____ Motorcycle license Y/N _____

Emergency Contact (Name, Phone, relationship) _____

Motorcycle (Color/Year/Make/Model) _____

Applicant's signature _____

RECEIPT

Dues Amount Chart

<u>Month</u>	<u>Amount</u>
January	\$24.00
February	\$22.00
March	\$20.00
April	\$18.00
May	\$16.00
June	\$14.00
July	\$12.00
August	\$10.00
September	\$8.00
October	\$6.00
November	\$4.00
December	\$2.00

Amount Due: _____

Amount Paid _____

Paid to: _____

Member Signature _____

VFW Riders - Thunder Mountain Arizona Chapter

www.vfw-riders-tm.org

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