



BAY AREA V-TWINS NEW MEMBERSHIP

NAME: _____ RIDER/SPOUSE _____

ADDRESS: _____

HOME PHONE: _____ RIDER: _____

CELL PHONE: _____ RIDER: _____

EMAIL 1: _____ RIDER: _____

EMAIL 2: _____ RIDER: _____

DOB: ____/____ RIDER DOB: ____/____ TXDL: _____

MOTORCYCLE YEAR/ MAKE/MODEL _____

ODOMETER: _____

INSURANCE CARRIER/POLICY #: _____

EMERGENCY CONTACT: _____ PHONE: _____

CELL: _____ RELATIONSHIP: _____

MUST BE ENDORSED BY TWO MEMBERS

MEMBER 1: _____ MEMBER 2: _____

Annual membership dues: \$25.00 per member / \$50.00 per family



