

# Lake Superior Riders® Membership Application

ALL MEMBERS OF THIS ORGANIZATION MUST BE WILLING TO GIVE THEIR TIME TO:

- PROMOTE POSITIVE PUBLIC AWARENESS
- PROMOTE SAFE MOTORCYCLING PRACTICES
- HELP IN ORGANIZATION ACTIVITIES/EVENTS

Please Print Legibly

Name: \_\_\_\_\_  
Last First Nickname (if any)

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Sex: M  F  Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the release of my personal information for publication. Yes  No

In case of an emergency please notify : \_\_\_\_\_ Phone : \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>TO BE COMPLETED BY BOARD OF DIRECTORS REPRESENTATIVES</b>
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Dues: Adult (18 years of age) New Membership  \$30.00 Renewal  \$10.00  
Junior member (<18) New Membership  \$10.00 Renewal  \$ 5.00

Crest Distributed? Yes  No

Date: \_\_\_\_\_ day/month/year Signed: \_\_\_\_\_  
Membership Committee Representative

Date: \_\_\_\_\_ day/month/year Signed: \_\_\_\_\_  
Treasurer