



BAYSHORE WHEELERS MOTOTCYCLE CLUB

MEMBERSHIP APPLICATION

Please print this page, complete the application and bring it to the next meeting.

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Type of bike: _____

Years of riding experience: _____

How did you hear about us? _____

If you are applying for Prospect Membership status please read the excerpts from our by-laws and sign below only when you are sure that you understand everything there.

Signature

Date