

FOOTHILLS THUNDER MOTORCYCLE CLUB, LLC

MOTORCYCLE CLUB MEMBERSHIP APPLICATION (Print out a copy of this form.)

MEMBER NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

PHONE NUMBER: HOME _____

CELL PHONE NUMBER: _____

EMERGENCY CONTACT NUMBER: _____

SPOUSE, OR SIGNIFICANT OTHER: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

PHONE NUMBER: HOME _____

CELL PHONE NUMBER: _____

MEDICATION ALLERGIC TO: _____

EMERGENCY CONTACT NUMBER: _____

SIGNATURE: _____

DATE: _____