

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**METHOD OF PAYMENT**

**RIDERS DUES**

\_\_\_\_\_ Check (payable to AMVETS Riders) \_\_\_\_\_ Cash

\$ \_\_\_\_\_ Annual Membership  
(due by: 12-31 each year)

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Riders 1st Vice Signature

\_\_\_\_\_  
Date

**New Member Profile (Optional)**

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Kids: \_\_\_\_\_

If you are a veteran, what branch of service: \_\_\_\_\_ What is your hat size: \_\_\_\_\_

Have you ever been a member of any other Bike Club / Organization before? \_\_\_\_\_

How did you hear about AMVETS Riders? \_\_\_\_\_

Would you like to volunteer for a particular committee in the Riders? \_\_\_\_\_

What kind of bike do you have? \_\_\_\_\_ Years been riding: \_\_\_\_\_

What's the longest ride you have ever taken on your bike? \_\_\_\_\_

Is there any place you would like to ride to? \_\_\_\_\_

Do you know anyone who would like to become an AMVETS Rider? Who: \_\_\_\_\_

Why do you want to be an AMVETS Rider? \_\_\_\_\_

Do you know any Veterans that need assistance? \_\_\_\_\_

*(please fill out)*