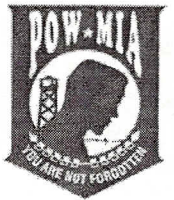


American Veterans Motorcycle Riders Association
Chapter 7
Brookfield, Illinois



Application for Membership

APPLICANT INFO:

Applicant Name: _____ Date of Birth: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Cell Phone: _____
 Occupation: _____ Other Phone: _____
 Marital Status: **Single / Married / Divorced / Widowed** Spouse's Name: _____
 Children's Names/Ages: _____
 Email Address: _____ Sex: **Male / Female**

MOTORCYCLE INFO:

Do you own a Motorcycle: **YES NO** Year: _____ Make: _____ Model: _____
 How long riding: _____ Have you taken any Rider Courses: _____

MILITARY INFO:

Are you a Veteran: **YES NO** Branch: **ARMY NAVY AIR FORCE MARINES COAST GUARD**
 Type of Service: **ACTIVE RESERVE N.GUARD** Are you currently in the Military: **YES NO**
 Service Dates: _____ to _____ Your MOS: _____
 Type of Discharge: _____ Do you have a DD214: **YES NO ?**
 Additional Notes: _____

MEMBERSHIP INFO:

Can you attend: _____ Meetings _____ Runs _____ Events
 Are you applying for: _____ Regular Member (Veterans) _____ Associate Member (Non-Veterans)
 _____ Junior (applicants under 18 yrs of age with a member sponsor)

While AVMRA respects all members and applicants right to privacy, we ask for the following information so that in the you are with our Association and there is a medical emergency, we can provide accurate information, assistance, and contact the proper person on your behalf. This information is this no way associated with our decision making process during the application process. You may leave this section blank if you so desire.

MEIDCAL INFO:

Are you Disabled: **YES NO** Are these disabilities Service related: **YES NO %:** _____
 Blood Type: **A- A+ B- B+ AB- AB+ O- O+ ??**
 Medical Notes: _____

Emergency Contact: _____ Relation to you: _____
 1st Contact Number: _____ 2nd Contact Number: _____

I understand that by providing false information my application may be rejected or membership terminated.
 I also grant AVMRA the right to use and or publish any photograph I may appear in while attending AVMRA events.

Signature: _____ Date: _____