

# Gateway Riders

## New Membership Form

### \$26 Per Individual

Name \_\_\_\_\_

Spouse/Child \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_

Home or Cell PH (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency PH (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

#### Membership information:

BMWMOA # \_\_\_\_\_ Exp Date: \_\_\_\_\_

AMA # \_\_\_\_\_ Exp Date: \_\_\_\_\_

BMWRA# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Other M/C organizations \_\_\_\_\_

#### Spouse/Significant Other information:

BMWMOA # \_\_\_\_\_ Exp Date: \_\_\_\_\_

AMA # \_\_\_\_\_ Exp Date: \_\_\_\_\_

BMWRA# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Other M/C organizations \_\_\_\_\_

Make check payable to: **Gateway Riders**  
Mail the completed form and payment to:

**Jeff Ackerman**  
**Treasurer, Gateway Riders**  
**3942 Fleur Du Bois**  
**Florissant, MO 63034**

**Or, you can bring the completed form  
to the next chapter meeting.**

#### Optional information:

Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Work PH (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

M/C(s) owned:

Brand \_\_\_\_\_ model \_\_\_\_\_

Brand \_\_\_\_\_ model \_\_\_\_\_

Brand \_\_\_\_\_ model \_\_\_\_\_

M/C(s) owned:

Brand \_\_\_\_\_ model \_\_\_\_\_

Brand \_\_\_\_\_ model \_\_\_\_\_

Brand \_\_\_\_\_ model \_\_\_\_\_

#### OFFICIAL USE ONLY:

Date: \_\_\_\_\_

Payment amount \$ \_\_\_\_\_

Cash , Check# \_\_\_\_\_

\$26.00 Regular \_\_\_\_\_