Gateway Riders
New Membership Form

$26 Per Individual

Make check payable to: **Gateway Riders**

Bring this completed form and payment to the next general meeting of the Gateway Riders.

You may also mail your check or money order to our acting treasurer. The address is located on our Membership Web Page.

Name_____

Spouse/Child_____

Street Address_____

City_____

State_____ Zip_____ +4_____

Home or Cell PH (_____)_____-_____

Emergency PH (_____)_____-_____

Email address_____

Optional information:

Birthday _____/_____/_____

Work PH (_____)_____-_____

M/C(s) owned:

Membership information:

BMWMOA # _____ Exp Date:_____ Brand_____model_____

AMA # _____ Exp Date:_____Brand_____model_____

BMWRA# _____ Exp Date:_____Brand_____model_____

Other M/C organizations _____

Spouse/Significant Other information:

M/C(s) owned:

BMWMOA # _____ Exp Date:_____ Brand_____model_____

AMA # _____ Exp Date:_____Brand_____model_____

BMWRA# _____ Exp Date:_____Brand_____model_____

Other M/C organizations _____

OFFICIAL USE ONLY:

Date: _____

Payment amount $_____

Cash□, Check#_____

$26.00 Regular _____