



WISCONSIN BMW MOTORCYCLE CLUB, INC.

APPLICATION FOR MEMBERSHIP



APPLICATION DATE _____ ACCEPTANCE DATE _____ CARD # _____

NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

SPOUSE'S NAME _____ CHILDREN & AGES _____

YOUR BIRTHDAY _____ SPOUSE BIRTHDAY _____ ANNIVERSARY _____

EMPLOYED AT _____ JOB TITLE _____

BMW's owned (MODEL & YR)	1)		2)		3)	
Present Milage	1)		2)		3)	

AMA # _____ BMWMOA # _____ BMWRA # _____

Additional information that may be of interest to the club **Cell Phone:** _____

I understand that to become a member of the WISCONSIN BMW MOTORCYCLE CLUB, I must be the age of majority and carry liability insurance on my BMW motorcycle.

Proof of insurance coverage must be given to the club annually.

INSURANCE COMPANY _____ POLICY # _____ EXPIRES _____

Every member is expected to participate in helping to plan and run club funtions.

APPLICANTS SIGNATURE x _____

FOR CLUB USE ONLY

SPONSORED BY _____

MEETINGS ATTENDED 1 _____ 2 _____ 3 _____ 4 _____

CLUB RIDES ATTENDED 1 _____ 2 _____ 3 _____ 4 _____

MEETING AND RIDES VERIFIED BY CLUB OFFICER X _____

Chartered: AMA--BMWMOA--BMWRA