

APPLICATION FOR MEMBERSHIP IN AL KADER MOTOR ESCORT UNIT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

CELL #: _____

BUSINESS #: _____

E-MAIL ADDRESS: _____

SPOUSE NAME: _____

MOTORCYCLE ENDORSMENT: YES [] NO []

YEALY DUES: \$25.00

PRESENTLY OWN A MOTORCYCLE? YES [] NO []

IF YES, DESCRIBE: YR _____ MAKE _____ MODEL _____ CCs _____

DATE: _____

Signature: _____

