

NEW ENGLAND VIKINGS MOTORCYCLE CLUB, INC.
P.O. BOX 215
EAST TAUNTON, MA 02780-0215

FULL MEMBERSHIP APPLICATION

Membership # _____

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____ E-MAIL ADDRESS _____ D.O.B. _____

ARE YOU AN AMA MEMBER? _____ MEMBERSHIP # _____

IF YOU ARE NOT AN AMA MEMBER, ARE YOU WILLING TO JOIN? _____

MOTORCYCLE MAKE _____ MODEL _____ YEAR _____

PRIMARY MOTORCYCLE INTEREST: _____

OTHER CLUBS OR AFFILIATIONS: _____

SPONSORED BY: _____

Mail application and \$10.00 application fee (non-refundable) to the above address.
Checks should be made payable to: The New England Vikings.

In the event your application is not approved for membership, the application fee will not
Be returned.

Applications may use the area below and on the back for any information they would like
To add to this application.

APPLICATION DATE _____

INTERVIEW DATE _____

ACTION IN APPLICATION _____ **DATE** _____