

Next Level Membership Application

(Please Complete This Form In Its Entirety)

(Application Fee \$25.00)

NON-REFUNDABLE

Applicant Information			
Name:	Nickname:	Date of Birth:	
Gender : Male or Female	Phone: Cell:	E-mail:	
Current Address:			
A: Are you a member of Any other Motorcycle Association? Yes or No	B: Do You Have Motorcycle License? Yes or No	C: Do you Have Motorcycle Insurance? Yes or No	D: Have Ever Taken a Safety Riding Course? Yes or No
If Yes to A , Name & How Long?		If Yes to D , Were And When?	
Employment Information			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
Position:			
Emergency Contact			
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			
Spouse Information, if joint membership			
Name:		Date of Birth:	
Motorcycle/s Information			
M1: Year, Make, Modal:			
M2: Year, Make, Modal:			
M3: Year, Make, Modal:			
Do You Have Riding Experience? Yes or No		If Yes, How Long?	
References / Sponsors			
Name:	Address:	Phone:	
I authorize the verification of the above information provided on this form as to my creditability and employment. And I have read the Terms of Agreement and I do or do not accept. (Circle one)			
(This application is for verification purposes only)			
Signature of Applicant:			Date:
Signature of Spouse, only if for a joint membership:			Date:

(See Reverse Side for Terms of Agreement)