



**American Veterans Motorcycle Riders Association**  
**Chapter X**  
**Tinley Park, IL**



**Application for Membership**

**APPLICANT INFO:**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_

**MOTORCYCLE INFO:**

Do you own a Motorcycle: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
How long have you been riding? \_\_\_\_\_  
Have you taken any Rider Courses? \_\_\_\_\_

**MILITARY INFO:**

Are you a Veteran: \_\_\_\_\_ Branch: \_\_\_\_\_ Type of Service: \_\_\_\_\_  
Service Dates: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
MOS: \_\_\_\_\_ Additional Military Info: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFO:**

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
1<sup>st</sup> Contact Number: \_\_\_\_\_ 2<sup>nd</sup> Contact Number: \_\_\_\_\_  
Blood Type: \_\_\_\_\_ Additional Medical Info: \_\_\_\_\_

**MEMBERSHIP INFO:**

Can you attend Meetings? \_\_\_\_\_ Runs? \_\_\_\_\_ Events? \_\_\_\_\_  
Type of membership being requested \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_