

VINTAGE IRON RIDERS
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE(S):

Home: _____ **Work:** _____ **Cell:** _____

EMAIL ADDRESS: _____

AREAS OF INTEREST IN VINTAGE MOTORCYCLES:

SHOWS _____ **RIDES** _____ **RESTORATIONS** _____ **RACING** _____

BUYING/SELLING _____ **INFORMATION SHARING** _____ **REPAIRS** _____

OTHER _____

VINTAGE MOTORCYCLES YOU CURRENTLY OWN

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF SPONSORING VIR MEMBER:

_____ **DATE:** _____