



Lady Sport Riders

Application for Membership
Please **Print** the Requested Information

INFORMATION PROVIDED ON THIS APPLICATION IS CONFIDENTIAL

Full Name: _____ Nickname: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Cell Phone: _____ Pager: _____ Date of Birth: _____

Occupation: _____

Professional Affiliations/Memberships: _____

*Emergency Contact Information: _____

Closest Relative/Friend Phone Numbers

Medical Conditions or Known Allergies: _____

Insurance Provider: _____ Primary Doctor: _____

Are you a licensed motorcycle driver? Yes ___ No ___ State & License # _____ Exp. Date: _____

Motorcycle Insurance Provider: _____

Have you taken the Motorcycle Rider Safety Course? Yes ___ No ___ When/Where: _____

Do you have a motorcycle? Yes ___ No ___ What Year, Make & Model? _____

If no, will you purchase one in the near future? Yes ___ No ___ If yes, what make & model? _____

Tell us about your experiences as a motorcyclist: _____

Why are you interested in being a member of the Lady Sport Riders? _____

How did you hear about LSR? Did someone refer you? If so, who? _____

Tell us about yourself: _____

What qualities would you bring to LSR to strengthen our organization? _____

In what committee(s) would you like to participate? **Note:** We encourage members to participate in at least one of the following Committees...

_____ Event Planning Committee

_____ Safety & Law Committee

_____ Membership Committee

_____ Other _____

*Upon accepting membership with the Lady Sport Riders (LSR), I agree to abide by the terms and conditions outlined in the By-laws established by LSR. I understand that my **\$25** application/processing fee, submitted with this application, is **non-refundable**. I further understand that this application does not guarantee membership.*

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Verification of Motorcycle Operator's Permit (State, License No. & Expiration) _____

Application Status: Approved _____ Denied _____

Reason for Denial: _____

Referred by: _____ Welcome Kit Given or Mailed? _____ Date: _____

Committee Contacted for Interested Member: _____

Financial Status: **\$25** application/processing fee paid (Check/Money Order # _____) Finance Committee _____

Current Year: _____ Bi-Annual Dues: 1st _____ 2nd _____

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