



Skylands BMW Riders

Membership Application

Please complete the fields below, and either: (1) sign and send the completed paper application to Skylands BMW Riders, Inc., P.O. Box 123, Asbury, NJ 08802; or (2) email the completed electronic application by clicking the "Submit by Email" button above.

Please also send a check for \$25.00, payable to "Skylands BMW Riders, Inc.," for annual dues to the above mailing address. Submitted application will not be reviewed until check is received.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Primary email address: _____

Motorcycle License: State: _____ Number: _____

Spouse/Significant Other: _____

Motorcycle(s) (Year, Make, Model): _____

Affiliations (not required for Skylands membership):

BMWMOA #: _____

BMWRA #: _____

AMA #: _____

Sponsor's Name: _____

If accepted as a member by the Skylands BMW Riders, I agree to abide by the Club Constitution and By-Laws. I agree that if I submit this application by email, it will be equivalent to my signing and sending the application by mail.

Signed: _____ Date: _____

Please Note: Continued membership requires that you maintain a valid motorcycle license and continue to pay annual dues.

For Club use Only

Data Application Received: _____ Date Approved: _____

Date Dues Paid: _____ Cash: _____ Check Number: _____ Amount: _____

Member Packet Given: _____ Added to Membership/Newsletter & Yahoo Roster: _____