



**VFW RIDERS MOTORCYCLE RIDING ASSOCIATION  
MEMBERSHIP APPLICATION**



Name: \_\_\_\_\_ VFW / Auxiliary No: \_\_\_\_\_

Life Member: Y / N

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Your Email Address(es): \_\_\_\_\_ Date of Birth: (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Information (Name/Phone/Relationship): \_\_\_\_\_ Motorcycle License: YES / NO

Motorcycles: (Color/Year/Make/Model) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Recruited by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ VFWR Member # : \_\_\_\_\_

Assigned Sponsor: \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Amount Prorated:** \_\_\_\_\_

**RECEIPT**

**Dues Amount Chart**

Month	Amount
January	\$24.00
February	\$22.00
March	\$20.00
April	\$18.00
May	\$16.00
June	\$14.00
July	\$12.00
August	\$10.00
September	\$8.00
October	\$6.00
November	\$4.00
December	\$2.00

**Amount Due:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Paid To:** \_\_\_\_\_

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

**VFW Riders: Sky Islands Chapter**

[www.vfwriddersaz.org](http://www.vfwriddersaz.org)

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