

**Eagle Riders, City, State**  
**Member Information Form/Application for Membership**  
**Complete this section in its entirety**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname/Rider Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Husband/Wife \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Aerie/Auxiliary Name and No. \_\_\_\_\_

Member No. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

About Your Bike: Complete this section if you will be riding a motorcycle with the Eagle Riders.  
Leave blank if you will be a passenger.

Make \_\_\_\_\_ Model \_\_\_\_\_

Displacement \_\_\_\_\_

