

SISKIYOU MOTORCYCLE ASSOCIATION

P.O. BOX 31

WEED, CALIFORNIA 96094

http://siskiyou-motorcycle-association.org

YEAR: 2009

NEW MEMBER APPLICATION & ANNUAL DUES RENEWAL FORM

I hereby apply to become a member of the Siskiyou Motorcycle Association (SMA). I request eligibility for all benefits connected herewith. I agree to abide by and comply with all SMA rules, regulations, and By-Laws at all SMA functions, events, meetings, and rides. I understand that all membership privileges and benefits take effect upon receipt of my annual SMA Membership Card. I agree that my membership may be terminated and dues returned (pro-rated monthly) if I violate By-Laws governing membership. Membership can only be revoked after a meeting by the Board of Directors and only then per applicable By-Laws. All members must be age 18 or over. Members convicted of any felony crime against children may not be SMA members (we check). Receipt of this form after failure to pay annual dues represents delinquency of dues notice. Failure to renew dues 30 days after receipt of this renewal / delinquency notice may result in termination of my membership per Article 12, section 9 of SMA By-Laws. Membership expires on April 30th each year & renewal payments must be received by SMA by May 1st to maintain eligibility to vote on any matters. Application may be mailed in with payment to above SMA address or given to any SMA officer, Director, or membership rep. If this is a couples application, both parties must sign. Couples must live at same address. Annual dues are not pro-rated. The SMA is also a charitable service organization. All members should be willing to volunteer to participate and help out at SMA meetings, activities and events, and are encouraged to make friends and treat each other with respect and consideration. But most of all, *have fun*

Check the applicable box below for membership you are paying for:

- New Membership- Individual: \$20.00 Renewal- Individual: \$20.00
- New Membership- Couples: \$35.00: Renewal- Couples: \$35.00

PLEASE FILL OUT ALL FIELDS BELOW:

Name: _____ Date: _____
 Co-Applicant Name: _____
 Address: _____
 City _____ State: _____
 Zip: _____
 Home Phone: _____
 Cell _____ Co-Applicant Cell _____
 1: _____ 2: _____
 E-Mail: _____

Check box if you do not want your personal information shown on roster. Your name will appear.

Check Box if OK to send email messages to notify you of upcoming rides, events, and meetings.

(Allowing email message notification really saves us time and effort when notifying all members at once)

SIGNATURE: _____ Co-Applicant: _____

Office Use Only

Paid by: Cash Amount: \$ _____ Check #: _____ Amount: \$ _____ Funds to
Treasurer: Date: _____

Issued: Year Pin: Patch: Rocker Pin: Membership Card: Other:

Application Taken by: _____