OSCEOLA RIDERS, INC.
P.O. Box 701232, St Cloud, FL 34770
APPLICATION FOR MEMBERSHIP

PLEASE SUBMIT WITH APPLICATION FEE OF $15.00 AS PER ATTACHED GUIDELINES

NAME:_____ ____ **DOB:** ____/____
Last First Int. Mo. Day

ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ **WORK PHONE:**_____

CELL PHONE:_____ **EMAIL:** _____

SPOUSE:_____ **KIDS/GRANDKIDS:**_____

_____
MAKE MODEL YEAR

MOTORCYCLE OWNED: _____ _____ _____
(Please provide a copy of your valid drivers/motorcycle endorsement license and proof of insurance at the time dues are paid.

BEST DAY TO RIDE: Saturday Sunday Weekdays (CIRCLE ONE)

TYPE OF BUSINESS I'M IN:_____
_____

THINGS I ENJOY DOING (HOBBIES): _____
_____

TYPES OF EVENTS I LIKE TO PARTICIPATE: _____
_____
_____

WHAT I EXPECT OUT OF MY MEMBERSHIP: _____
_____

_____
I HEREBY AGREE TO ABIDE BY THE BY-LAWS OF THE OSCEOLA RIDERS AND I UNDERSTAND THAT THIS APPLICATION SHALL BE REVIEWED BY THE ACCEPTANCE COMMITTEE OF THE OSCEOLA RIDERS AND I FURTHER UNDERSTAND THAT I AM A PROBATIONARY MEMBER UNTIL SUCH REVIEW.

DATE OF APPLICATION: _____ SIGNATURE: _____

SPONSOR NAME: _____ SIGNATURE: _____

CHARTER NAME: _____ SIGNATURE: _____

APPLICATION FEE PAID: DATE: _____ CASH OR CHECK # _____

MEMBER # ASSIGNED: _____ DUES PAID: _____ DATE: _____

REASON FOR REJECTION: _____