

Application for Membership

STAR Touring and Riding
Capital City PA, Chapter 430

1. Print your Name: _____
2. Address: _____

3. Phone Number / Cell Number: _____
4. STAR Touring and Riding Membership #: _____
 - a. Expiration Date: _____
5. How did you hear about us? _____

6. What type Motorcycle do you Ride? _____
7. How many years riding experience do you have? _____
8. Have you ever ridden in large groups? (10 or more) _____
9. Do you want to purchase a large back patch and chapter rocker? _____
10. Do you have any allergies? _____
11. Do you take any medications? _____

Signature

Date

Signature

Date