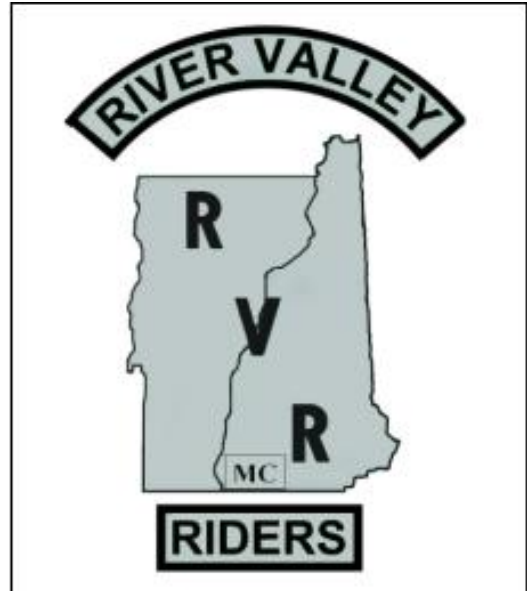


Application For Membership

River Valley Riders Inc.
P. O. Box 287
West Chesterfield, NH 03466



Date of Application: _____

Name: _____

Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address(If different than mailing): _____

City: _____ State: _____ Zip Code: _____

Email Address(For Club Communications and Newsletter): _____

Home Phone: _____ Cell Phone: _____

Drivers License Number: _____ State: _____

Motorcycle Make: _____ Year: _____

VIN#: _____ CC's: _____

License Plate: _____ State: _____

Liability Insurance is Required for Membership:

Company: _____ Policy #: _____

Effective Date of Policy: _____ Term of Insurance: _____

Optional Information:

Type of Functions or Activities of Motorcycling you most enjoy:

_____ Tour Ride _____ Poker Runs _____ Hill Climb _____ Road Racing Events

_____ Motocross _____ Enduros _____ Field Events _____ Other(_____)