



Riders M.C. Boston

Application for Membership

Thank you for your interest in Riders M.C. Boston. We are a social fraternal organization for gay men who enjoy motorcycle riding. We are proud of our past and we celebrate our status as the largest gay men's motorcycle club in New England.

There is no minimum mileage or attendance requirement. Riders M. C. holds a monthly meeting to plan activities and conduct Club business. It also offers another opportunity to socialize and ride as a Club. We hope that you will join us!

CONTACT INFORMATION:

Name: _____ Nickname: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ @ _____
Driver's License #: _____ State of Issuance: _____

MOTORCYCLE INFORMATION:

Year: _____ Make: _____ Model: _____
Color: _____ VIN: _____
Registration: _____ State: _____
State Inspection: _____ Mileage: _____

MEMBERSHIP DETAILS:

DOB: _____ / _____ / _____ (for member birthdays announcement in newsletter, year is optional)

Occasionally, a scheduled run is cancelled, or a new run is scheduled. At these times, it may be necessary to contact you. Please select one of the following:

- I am willing to call other members to inform them of additions and cancellations
 I would prefer not to call other members about additional runs and run cancellations
 I do not wish to be called about additional runs and run cancellations

New Membership dues are \$15.00 - Please make your check payable to Riders M.C. Boston

Upon receipt, you will receive the Club's monthly newsletter, Club Colors (large and small patch), Club Safety Manual, Club by-laws and the Run calendar for the current season. All memberships expire December 31st.

CERTIFICATION:

I, the undersigned, attest that (a) I am a legal adult, licensed to operate a motorcycle; (b) the motorcycle identified above is insured and inspected as required by law and (c) the Membership and Motorcycle information I have provided is correct and current. I agree to hold blameless Riders M.C. Boston for any loss or injury I may sustain while willingly participating in this and any event.

Signature: _____ Date: _____ / _____ / _____

Return with Check to: Riders M.C. Boston, PO Box 15636, Boston, MA 02215-0012