



# Semper Fi Riders

Marines and FMF Corpsmen serving our local community and advancing the awareness of the needs and contributions of America's Veterans and their families

## Application for membership

Full member (\$30.00/year)  Associate member (\$10.00/year)

Name \_\_\_\_\_  USMC  FMF Corpsman

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail for google group \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Additional e-mail addresses \_\_\_\_\_

### Current military or civilian status:

Active duty  Active Guard or Reserve  Retired  Honorable Discharge  Civilian

**Full membership applicants must provide a copy of their DD214 or military ID card with this application.**

Do you currently own a licensed motorcycle?  Yes  No Do you possess a valid license with endorsement?  Yes  No

**I have read and understand the bylaws:**

How many years have you owned and operated a motorcycle? \_\_\_\_\_

### Motorcycle information:

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag number \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag number \_\_\_\_\_

### Emergency contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Sponsor's name (if applying for an Associate or Honorary membership) \_\_\_\_\_

Please send completed application with required documentation to the address below or email to: [secretary@semperfiriders.org](mailto:secretary@semperfiriders.org)

President's signature \_\_\_\_\_ Date \_\_\_\_\_

### For Administrative Use Only:

Dues Paid \_\_\_\_\_ Website Access \_\_\_\_\_ Membership Roster Update \_\_\_\_\_ Google Group Account \_\_\_\_\_



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