



KANSAS CITY BMW MOTORCYCLE CLUB 2010 MEMBERSHIP APPLICATION



**Send to: KCBMWMC
P.O.Box 414117
Kansas City, Mo 64141**

Name: _____ Dues \$10.00

Spouse: _____ Dues \$5.00

Please make checks payable to KC BMW MC Total Dues \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Newsletter by: Email U.S. Mail Do you want your information listed on our club roster? Yes No

Member of
BMWMOA #: _____ BMW RA#: _____ AMA#: _____

Bikes I currently own: _____

I am interested in helping with club activities. (Club Rides, The Rally, etc...) Yes No

What jobs/services/skills are you able/willing to provide for the club? (e.g....I can make phone calls, I can cook at events, I can make copies, etc...)

2009 Starting / 2010 Ending Mileage Information

Rider #1 Name: _____ Rider #2 Name: _____

Mileage Bike 1: _____ Mileage Bike 1: _____

Mileage Bike 2: _____ Mileage Bike 2: _____

Mileage Bike 3: _____ Mileage Bike 3: _____

Mileage recognition program runs from 12/15 to 12/15. Please indicate the type of recognition you would like to receive:

Certificate Ribbon Plaque Trophy

For my dues, I will receive a monthly newsletter with activity information, a campout in August for club members and family, and the annual club banquet in January (meal cost not included). After receipt of dues, a membership packet will be sent out, or distributed at a club meeting. All members are encouraged to read all information in the membership packet.

Signature: _____ Date: _____