

# MEMBERSHIP APPLICATION

## MARINE RIDERS GROUP

PO Box 291

Rockville, IN 47872

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Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Road Name or Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Years you were Active: \_\_\_\_\_

### National Dues:

Full Membership = \$15.00

Renewal = \$15.00 Member/Sponsor: \_\_\_\_\_

National Back Patch = \$35.00 each Quantity: \_\_\_\_\_

National T-Shirt = \$15.00 each Quantity: \_\_\_\_\_ Size: \_\_\_\_\_

New Members please attach a copy of your DD214

Please make checks payable to "Marine Riders Group". Mail application form and check to:

**Marine Riders Group**

**PO Box 291**

**Rockville, IN 47872**