



**Route 65
Chapter #2254**

Supplemental Membership Form

FIRST: _____ MIDDLE: _____ LAST NAME: _____

BIRTHDATE: _____ SEX: _____ NICKNAME: _____

WORK PHONE: _____ CELL PHONE: _____

PAGER NUMBER: _____ FAX NUMBER: _____

SIGNIFICANT OTHER:

FIRST: _____ MIDDLE: _____ LAST NAME: _____

NATIONAL HOG MEMBERSHIP TYPE (check one): Full Full Lifetime Associate Associate Lifetime

NATIONAL HOG MEMBER SINCE: _____

YEAR: _____ MOTORCYCLE MODEL: _____

HOBBIES: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Would you like your home address private (e.g. If no will appear in various internal areas such as Member Search.)?
Yes No

Would you like your phone number(s) private (e.g. If no will appear in various internal areas such as Member Search.)?
Yes No

Would you like your email address private (e.g. If no will appear in various internal areas such as Member Search.)?
Yes No

Are you a Ladies of Harley member? Yes No

Do you wish to receive the chapter newsletter? Yes No

If yes, would you like to receive the newsletter in email form? Yes No

**Please be sure to sign the release on the reverse side and mail this with your check for \$20.00 to:
Route 65 Chapter #2254
Attn: Membership Officer
1300 South Jefferson Way
Indianola, IA 50125**