



## Smoky Mountain Chapter #3002

### Supplemental Membership Form

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

Middle Name: \_\_\_\_\_

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Nickname: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### National HOG Membership Type

- Full                       Full Lifetime  
 Associate               Associate Lifetime

#### Emergency Contacts

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Please ensure that the release form is signed and dated as indicated. Mail the release form, this supplemental form and your check of \$30 for the annual Smoky Mountain Chapter dues, payable to **Smoky Mountain Chapter #3002** to

Smoky Mountain Chapter Membership  
c/o Harley-Davidson of Asheville  
20 Patton Cove Road  
Swannanoa, NC 28778