

New Member Introduction Form

Name: _____ **Nickname:** _____

DOB: Month _____ **Date** _____ **Town Residing In:** _____

Occupation: _____

Year/Model/Color of current motorcycle(s): _____

How long have you been riding? _____

Favorite place to ride (inland/shoreline): _____

Anything else that you would like to share with your new West Conn family: _____

Please Don't Write Below Dotted Line

(Checked off by Membership Officer)

Added To: Club Roster West Conn National HOG Roster
 Birthday List Pig Pot List Thursday Email List Added to Facebook

Given: West Conn Membership Card. Date: _____