



VFW RIDERS GROUP
POST 6538
W Townsend, MA 01474



VFW RIDERS
MEMBERSHIP APPLICATION
POST 6538

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home _____ Cell _____ Work (optional) _____

DOB: (year optional) _____ DOB for SPOUSE: (year optional) _____

E-MAIL ADDRESS: _____ @ _____

VFW MEMBERSHIP #: _____ (If Auxiliary member, please supply Auxiliary member number).

MOTORCYCLE(s):

Color _____ Year _____ Make _____ Model _____

Motorcycle License: (circle one) YES NO

Insurance Certification: By signing this application, I certify that this motorcycle is insured by a liability policy issued through an insurance company licensed to business in the state, and it will remain insured while registered.

Applicants Signature: _____ Date: _____

Applicants Spouse Signature _____ Date: _____

DUES AMOUNT CHART

MONTH	AMOUNT	MONTH	AMOUNT
June	\$25.00	July	\$22.00
August	\$20.00	September	\$18.00
October	\$16.00	November	\$14.00
December	\$12.00	January	\$10.00
February	\$8.00	March	\$6.00
April	\$4.00	May	\$2.00

Amount Due: _____ Amount Paid: _____ Paid To: _____ Date Paid: _____

FOR OFFICE USE ONLY:

Waiver received _____ Processing fee received _____

Emergency Notice received _____ Dues received _____

General Release received _____ Date Application received _____