

Cruiser Club, USA
Membership Application

Mail application to:

Brent Stripe
2616 Middle Point Wetzel Rd.
Grover Hill, OH 45849
419-587-3692
bcstripe@peoplepc.com

Chapter Organizer Information

Last Name	First Name	Birth Date	Date

E-Mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____

Emergency Contact Name _____ Telephone () _____

Motorcycles Presently Owned

Make _____ Model _____ Year _____

Color _____

Make _____ Model _____ Year _____

Color _____

I will, to the best of my ability, uphold the principles and ideals set forth in the Chapter by-laws and the Constitution of the Cruiser Club, USA. I further agree to operate a motorcycle or any other vehicle at an event associated with this organization, only with a valid drivers' license with the appropriate motorcycle endorsement and current insurance coverage on that motorcycle or vehicle.

With the acceptance of membership in the Cruiser Club, USA and/or through participating in any manner with this organization, I agree not to hold the organization, any member, officer, or sponsor of this organization liable for my personal safety, the safety of my guest, or the safety of any property in my possession. I agree to enter any and all activities of the organization on a volunteer basis.

Please sign this application and include a check for \$30 made out to Cruiser Club USA. Please put a note on the memo line of your check indicating that the check is for a new chapter.

1. Applicant's Signature _____ Date _____

2. Applicant's Signature _____ Date _____

National President or Vice President's Signature _____

Date _____

Date Application Received _____

Chapter # _____

Chapter Treasurer's Signature _____ Date _____

Check Number _____ Date Paid _____ Amount Paid _____

Please include a photocopy of your driver's license showing your motorcycle endorsement. No applications will be accepted without the photocopy.

National Web Site: <http://www.cruiserclubusa.org/>