

**Membership Application Form**

Date			
<b>MEMBER INFORMATION</b>			
Last Name		First Name	
Address			
City	County	State	Zip
Home Phone	Work Phone	Cell Phone	
Fax		Email Address	
<b>EMERGENCY INFORMATION</b> (Enter only if you want this on your membership card)			
Emergency Contact		Phone Number	
Family Doctor		Phone Number	
Blood Type		Hospital Pref	
Existing medical conditions:			
Current Medicines		Medicine Allergies	
How did you hear about our club?			
<input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth <input type="checkbox"/> Motorsports dealer <input type="checkbox"/> Current club member <input type="checkbox"/> Encountered on trail <input type="checkbox"/> Magazine <input type="checkbox"/> Other (Explain) _____			

Are you willing to volunteer your time for the club? If so, to what degree: (Check all that apply)

Depends upon need \_\_\_\_\_ (Minimum time commitment)

Trail Boss: \_\_\_\_\_ (Leadership responsibilities)

Committee Chair Person \_\_\_\_\_ (You chair an approved activity of the club, reports to the board of the club) Examples: Cleanup activities, promotional events, charities, sponsorship.

Other:

**(Complete one form for each household member)**

Please complete the information above. Yearly membership dues are \$25 with households at \$35. Your check or money order should be made payable to: DIRTYSOBS, Inc. Please do not mail cash.

Mail your completed form and payment to: 15209 N.60<sup>TH</sup> ST SCOTTSDALE, AZ 85254

**NOTE: Your club membership card will not be mailed to you. Club policy requires the submission of a signed waiver prior to issuing membership cards, and waivers must be submitted in person.**

Each member is required to complete a waiver prior to riding with the group and abide by the DIRTYSOBS Mission Statement and Bylaws.