

New ()
Renewal ()
Solo ()
Two Up ()

Lone Star Voyagers Membership Application

Date: _____

Primary Driver

Rider (co-pilot)

Last Name: _____

Last Name: _____

First Name: _____ (M) (F)

First Name: _____ (M) (F)

Birthday: _____

Birthday: _____

Anniversary: _____

Primary Drivers Address

(Street / P.O. Box)

(City / State / Zip)

(_____) _____

(Home phone number)

(_____) _____

(Cell phone number)

(e-Mail address)

(Year / Make / Model of Motorcycle)

For newsletter and internet announcements, may we publish:

All information (); Name only (); Name / address / phone only ();

Name / Address only (); Name / Addy / Ph / e-Mail only ()

Please indicate any assistance you would be able to give fellow LSV members:

Pick-up truck (); Bike trailer (); Tools ();

Tent area (); Tools (); Local info ();

Send application and membership fee (\$7.50 each) to:

Jan Henry

LSV Treasurer

PO Box 692

Chino Valley, AZ 86323

Make checks payable to Jan Henry.

I/We, the undersigned, agree not to hold the AVA- LSV, it's officers, agents, members or anyone connected with AVA-LSV functions responsible for any accidents, injury or personal loss before, during or after attending any get together, rally, activity or event.

Primary signature: _____

Secondary signature: _____