Shadow Rider Club - St. Louis, Inc.

Renewal Application Year 20____

Can SRC-Sti share your Name, phone # and E-mail with other SRC Members? ____YES ____NO

Don't forget to answer this question!

Please complete the application below, sign, date and return with your dues by the January General Membership meeting. Take advantage of adding your significant other and/or junior members to your membership. **Please make checks payable to Shadow Riders Club – St. Louis, Inc.** Please mail your renewal to: Jim Gianella, 3231 Regal Pl., St. Louis, MO 63139.

Check Type of Membership Renewal: __ Individual __ Joint (Primary & SO) __ Junior

__ Social (10 Years and No Motorcycle) __ Individual __ Joint

Individual/Primary Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Birthday: _____ AMA No: _____

Significant Other (SO) Information (for joint applications only):

Name: _____ Rides own bike? _____

Birthday: _____ Cell Phone: _____ AMA No: _____

Junior Applicant(s) (Under 18 YOA or FT student):

Name/Birthday: _____

_____

Individual/Primary Applicant's Motorcycle (list one):

Manufacturer: _____ Color: _____

Model: _____ Year: _____

Additional Motorcycle (list one): Check Rider: ____ Primary ____ Significant Other ____ Junior

Manufacturer: _____ Color: _____

Model: _____ Year: _____

Other Information:

E-Mail(s): _____

Other Club(s): _____

Safety Course(s): _____

Emergency Contact: Name: _____ Number: _____

I will uphold the principles and ideals set forth in the by-laws of the Shadow Riders Club – St. Louis, Inc. (SRC-STL). I further agree to operate a motorcycle or any other vehicle at any and all events associated with the SRC-STL only with a valid driver's license and current insurance coverage. With the acceptance of membership in the SRC-STL and/or through participating in any manner with the SRC-STL, I agree to NOT hold the SRC_STL, any member, any officer and/or sponsor liable for my personal safety, the safety of my guest(s), or the safety of any property in my possession. I agree to enter and/or participate in any and all events of SRC-STL on a voluntary basis.

Primary Applicant Signature: _____ Date: _____

Significant Other Signature: _____ Date: _____

Membership Plan	Quantity	Amount	Extended
Individual Membership Plan	1	$24.00	$ 24.00
Add your Significant Other		$12.00	
Add your Junior Members		$6.00 each	
Compute your total membership dues			$