

BMW Riders of Tampa Bay

Membership Application/Renewal Form



* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Address:	<input type="text"/>		
* City:	<input type="text"/>	* State:	<input type="text"/>
		* Zip:	<input type="text"/>
* Home Phone:	<input type="text"/>	* Cell Phone :	<input type="text"/>

Discussion Board info:

* Desired/Existing user name (not case sensitive)

* Valid e-mail address:

Bike(s) owned:

Are you willing to serve as an officer, committee member, or in another capacity? Yes No

If yes, do you have an idea of the job you'd like to do?

I'm interested in the following :

Breakfast rides	<input type="checkbox"/>	Dinner rides	<input type="checkbox"/>
Weekend rides	<input type="checkbox"/>	Long w/e trips	<input type="checkbox"/>
Longer trips	<input type="checkbox"/>	Charity rides	<input type="checkbox"/>
Tech sessions	<input type="checkbox"/>	M/cycle camping	<input type="checkbox"/>
Other (give details)	<input type="checkbox"/>	<input type="text"/>	

Other interests:

Please fill in the shaded fields above. Fields marked with a * are required, all others are optional.

Please mail the completed form, along with your check for \$20 made out to **BMW Riders of Tampa Bay, Inc.**, to:

Daniel Ashline
President
BMW Riders of Tampa Bay
P.O. Box 1021
St. Petersburg, FL 33731