

Membership Form

New Renewal
 Individual Family



*Annual Dues are \$20 for individual & \$30 for family
Make checks payable to Long Level Beemers
Checks may be mailed to: John O'Hara, PO Box 455, Camden, NY 13316*

Name: _____

Spouse or SO: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

E-Mail: _____@_____

RA#: _____ MOA#: _____ AMA#: _____

Motorcycles you own: _____

Date Membership Form Submitted: _____

This box for club official use:

Date dues/membership accepted:

Membership Expires:

Remarks: