

MOTO CLUB CENTRAL COAST MEMBERSHIP APPLICATION

Moto Club Central Coast
2940 W. Betteravia Rd. Santa Maria Ca. 93455
Attn: Mark

Date _____

Name: _____

Address: _____ City _____

Phone # _____ cell Phone# _____

E-Mail Address: _____

How many riders in your family? _____

How did you hear about Moto Club? _____

What kind of riding do you enjoy? _____

Do you have medical insurance for you and / or your family? Yes No

Do you belong to any other organizations? Blue Ribbon coalition, AMA, IMSA, AARA

Etc. _____

Why do you want to be a member of Moto Club Central Coast ? _____

Signature: _____