

YOUNG MARINES TEUFEL HUNDEN RIDERS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Last 4 of SSN (for ID Purposes):	Phone:
Current address:		
City:	State:	ZIP Code:
Email:	# of Memberships:	\$ Amount Paid:

RIDING INFORMATION

Riding Experience (Years/ Months):		
(1) Motorcycle Drivers License Number:		State:
Motorcycle License Plate Number:		State:
(1) Insurance Card Number:		Insurance Carrier:
(1) Motorcycle Safety Card:	Date:	State:
Have ridden in a Group:	Group ride position:	Longest ride:
Type of Bike (Circle one): Tike, Sport, Cruiser, Touring:	Make of Bike:	Bike Color:

EMERGENCY CONTACT (MUST BE FILLED IN)

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

UNIT INFORMATION (MUST BE FILLED IN BY UNIT COMMANDER)

Unit Name:		
# of riders:	Ride Commander:	Unit Email:

REFERENCES

Name	Address	Phone or email

SIGNATURES (PLEASE READ BEFORE SIGNING)

I authorize the verification of the information provided on this form for a background check. I have received a copy of this application and I understand the Rules and Regulations regarding the Young Marines Tuefel Hunden Riders. I further Understand that under no circumstances will neither the Young Marines National Headquarters nor any of its units or entitles provide myself or my rider with any insurance coverage. Related to or during a Young Marines Teuefel Hunden ride or event, **all insurance and ride costs will be provided by me and or my rider.**

(2) Signature of applicant:	Date:
(2) Signature of secondary rider: :	Date:

*****Notes***:** **(1) All Riders must have these**
(2) All Riders must read and sign this form