

**NEW ENGLAND VIKINGS MOTORCYCLE CLUB, INC.  
P.O. BOX 215  
EAST TAUNTON, MA 02718-0215**

**FULL MEMBERSHIP APPLICATION**

**Membership #** \_\_\_\_\_

PLEASE PRINT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE# \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_

ARE YOU AN AMA MEMBER? \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

IF YOU ARE NOT AN AMA MEMBER, ARE YOU WILLING TO JOIN? \_\_\_\_\_

MOTORCYCLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

PRIMARY MOTORCYCLE INTEREST: \_\_\_\_\_

OTHER CLUBS OR AFFILIATIONS: \_\_\_\_\_

**SPONSORED BY:** \_\_\_\_\_

Mail application and \$10.00 application fee (non-refundable) to the above address.  
Checks should be made payable to: The New England Vikings.

In the event your application is not approved for membership, the application fee will not  
Be returned.

Applications may use the area below and on the back for any information they would like  
To add to this application.

**APPLICATION DATE** \_\_\_\_\_

**INTERVIEW DATE** \_\_\_\_\_

**ACTION IN APPLICATION** \_\_\_\_\_ **DATE** \_\_\_\_\_