

# The Grey Dragons Association of Michigan; Membership Application

Please complete the application completely with full answers and addresses, incomplete applications will be returned to you without consideration for membership. Please Print Legibly.

New Member  Active (full) Membership  Associate Membership

Applicants name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

D.O.B.: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

Applicant's Profession: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Motorcycle Make \_\_\_\_\_ Model \_\_\_\_\_ C C's \_\_\_\_\_

Why do you think you should be considered for membership to this group?

\_\_\_\_\_  
\_\_\_\_\_

What do you feel you can contribute to the group as a member?

\_\_\_\_\_  
\_\_\_\_\_

## PLEASE READ AND SIGN THIS WAIVER

I understand that motorcycle riding can be dangerous and agree that neither the Grey Dragons Association of Michigan, any of its chapters, Officers, or Members will be held responsible for accident, injury or loss, in connection with my participation in any and all activities of the organization including travel periods to and from those activities.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information contained herein shall remain the confidential property of The Grey Dragons Association of Michigan and shall not be used in part or in entirety without the expressed consent of the applicant or of The Grey Dragons Association of Michigan.

## Official Use Only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Authorized Signature: \_\_\_\_\_