



Tri-County Eagle Riders #4467

Sand Lake, MI

Member Information Form / Application for Membership

Complete this section in its entirety

Last Name _____

First Name _____

Nickname/Rider Name _____

Address _____

Apt _____ City _____ State _____

Zip _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Husband/Wife _____

Birth Date ____/____/____

Email Address _____

Aerie/Auxiliary Name and No _____

Member No _____

Emergency Contact Name _____

Phone (____) _____ - _____

About Your Bike: Complete this section if you will be riding a motorcycle with the Eagle Riders. Leave blank if you will be a passenger.

Make _____ Model _____

Displacement _____