

SAN MATEO HOG
CURRENT MEMBER INFORMATION

FOR OFFICIAL USE ONLY

Name: _____	Biker Nickname: _____
Address: _____	Phone: _____ () home () work
City, State Zip: _____	Phone: _____ () home () work
EMAIL: _____	Cell Phone: _____
The newsletter and other information are available online at smhog.com	
I want to get my newsletter <input type="checkbox"/> by mail (Check one) <input type="checkbox"/> online at smhog.com	

MEMBER INFORMATION

National HOG# _____ Expiration Date: _____ (If LIFE leave blank)

National Membership type: LIFE FULL ASSOCIATE If Associate, Primary member name: _____

IF NEW MEMBER Sponsor name: _____

Date of Birth: ____/____/____ Date joined SM HOG: ____/____/____
(at least Month and Day)

Drivers License #: _____ State: _____ License Class: _____ Date Expires: _____

Motorcycle Insurance Expiration date: _____

MOTORCYCLE INFORMATION

Year: _____ Model: _____ Lic. Plate #: _____ Color: _____

Year: _____ Model: _____ Lic. Plate #: _____ Color: _____

I have attended a Motorcycle Safety Foundation (MSF) Course. Level: Beginner Advanced None

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: (____) _____

MEDICAL INFORMATION:

Blood Type: _____ Allergies/Medication or NONE: _____

OPTIONAL INFORMATION

Occupation: _____ Years Riding: _____ Other MC group membership: _____

How did you find us? _____