

BMWMOV Membership Form 2011

Go to www.vtbmwmov.org/membership or Click [Here](#) to renew on line

Primary Member Name: _____

Associate Member: _____

(Fill in if you want your partner to be a member)

Please send the MOVER by: Email () Hard copy by USPS: ()
() New **OR** () Renewal—fill below **ONLY** if information changed

Mailing Address: _____

City/Town: _____

ST/PROV: _____ ZIP/Postal Code _____

Home phone (____) ____ - ____ Work Phone (____) ____ - ____

E-Mail: _____@_____

MOA# _____ RA# _____ AMA # _____

Birthdays: _____

(Month/Day)

Motorcycles you own: _____

Check here if you do **NOT** want to be listed in the club directory: ()

Services available: () Work space () Mechanical help

() Truck/trailer () Storage space

Distance willing to help _____ in miles

*******Annual Membership fee \$20.00 or \$25.00 per household *****
(Expires December 31, 2011)**

Make check payable to BMWMOV Payment Amount: _____

Mail to:

**Dennis Gilkenson
PO Box 80
Saxtons River VT 05154**

