



Kentucky Vulcan Riders Association

Chapter 1-12

Application for Membership

Membership Information

Full Name: _____

Street Address: _____

City: State: Zip: _____

E-mail Address: _____

Primary Phone: _____ Alternate Phone: _____

Date of Birth: _____ Spouse/Partner Name: _____

Motorcycle: _____

Years of Riding Experience: _____ Number of motorcycles owned: _____

I am applying for:

- KVRA Membership – I own a legally insured motorcycle and possess a valid motorcycle permit or license

**Dues - \$20 / year and are due March 1st of each Year
Payable at Meeting!*

<http://kentuckyvulcanriders.us>

<http://www.meetup.com/KentuckyVulcanRiders>

<https://www.facebook.com/groups/KentuckyVulcanRiders>

Good Friends ... Good Rides ... Good Times ...