



MEMBERSHIP APPLICATION FORM

Please print clearly and fill in all required information

First Name _____

Last Name _____

Address _____ City _____

State/Zip _____

Phone Number _____

Email address _____

All above is required, information below is optional:

Bikes owned or interested in

Other information that may be of interest to OVM members

Can we list your phone number and bikes owned in the club roster? _____

(we don't list addresses)

Send this form with a check for \$15.00 to Oregon Vintage Motorcyclists

P.O. Box 14645, Portland, OR 97293-0645

Please note that all memberships expire in May.

Memberships that begin after May will be credited towards renewal the following May, but you still need to pay \$15.00 to join initially.