

# *PVR Member Application*



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Number of years riding: \_\_\_\_\_

AMA #: \_\_\_\_\_

New Member: [ ] Renewing Member [ ]

Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out this application and send \$20 check made payable to:

**Potomac Vintage Riders**

P.O. Box 3334

Merrifield, VA 22116-3334