



FOR OFFICE USE ONLY

(All information treated confidentially)

Referred by _____

Date _____

MRF# _____

Exp. Date _____

Member was given:

Pin

Patch

Year Rocker

Newsletter

What issue? _____

It's time you did something more to protect your rights!

JOIN AND SUPPORT Motorcycle Riders Foundation

REGISTER, VOTE, WRITE AND RIDE!

Annual Individual Membership \$30

3-Year Individual Membership \$80

Annual Sustaining Membership \$100

Annual Joint Membership \$50

3-Year Joint Membership \$130

New Member Renewal Member # _____

Freedom Fighter Donation:

\$10

\$25

\$ _____

PLEASE PRINT OR TYPE YOUR INFORMATION

Name		Phone () -	
Address			
City		State	Zip
E-mail Address			
Are you a member of a state motorcyclists' rights organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name:			

Mail with remittance to: **Motorcycle Riders Foundation, Inc. • 2221 S. Clark St, 11th Floor Arlington, VA 22202**
(202) 546-0983 • www.mrf.org • mrfoffice@mrf.org

CHARGE IT!

Visa MasterCard

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Card #

Exp. Date

Signature

Date