## CHAPTER MEMBERSHIP PROFILE

## EASTERN SIERRA CHAPTER, RIDGECREST, CA SPONSER: ANTELOPE VALLEY HARLEY DAVIDSON®, 1759 W. AVENUE J-12, LANCASTER, CA 93534

Last Name:	Fire	st Name:
Address:		
City:	State:	Zip Code:
	Work Phone #:	Cell Phone #:
E-Mail Address:		Birthday Month:
		Exp. Date (MM/YYYY):
Spouse or significant other	's name:	Phone #:
In case of emergency conta	act:	Phone #:
Physician's Name (Optiona	l):	Phone #:
Medical Conditions/Alerts (	Optional):	
Antelope Valley H.O.G. ® R	dgecrest member since:	
Have you been a member o	f another H.O.G. ® before?	☐ YES ☐ NO
Tell us about your current H	arley®(s) (year, model, etc.)	
How long have you been ric	ling? What w	ras your first bike?
Describe your riding experie	ence (total number of years, typ	e of riding - solo, group, etc):
What kind of rides would yo	u like?	
Where would you like to go	after Chapter meetings?	
What are the top 3 destinat	ons you would like to see the C	Chapter visit? 1
2	3	
What would you suggest to	improve the rides?	
How often do you participat	e in Chapter Events?	

	at you would like to see the Chapter support.1 3
What do you like best ab	out our Chapter and what can we do together to make it better?
Can we publish your cor	ntact information to the group?
Would you be interested	in being a board member?
Would you be interested	in being a Road Captain for group rides?
Would you be interested	in being on a planning committee?
Do you own a motorcycle	trailer?   YES   NO
Could we call you for use	of your trailer in case of an emergency? $\square$ YES $\square$ NO
Have you ever been CPR	certified? ☐ YES ☐ NO EMT qualified? ☐ YES ☐ NO
Have you ever received a	ny other medical training?
If so, what type of tr	aining have you had?
ease Remember This Is	s Your Chapter You will get out of it What You put into it
nere is no Chapter witho	out You !!!!!