



## Riders of Southern Maine Membership – Mail-in Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Partner First Name \_\_\_\_\_ Partner Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Motorcycles \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

MOA# \_\_\_\_\_ AMA# \_\_\_\_\_ RA# \_\_\_\_\_

I'd like to Volunteer for \_\_\_\_\_

\$20 check payable to: BMWRSM  
Mail to: Leah Mahoney, 321 New Gloucester Rd., North Yarmouth, ME 04097