



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: Bryan Van Dussen, 48 High Street, Portland, ME 04101