



Vulcan Riders Association - *Maryland Chapter*

Membership Application

I _____
(First, MI, Last Name. Include Nickname if you want)

of _____
(Home Address)

(City, Township, Village) (State) (Zip Code)

(Home Phone) (Email Address – if applicable)

apply for membership into the Vulcan Riders Association, Maryland Chapter.
In doing so I confirm the following details;

1. I am the registered owner of a Kawasaki Vulcan, Model _____
Registration Number _____
(State Registration Number)

2. The aforementioned Kawasaki Vulcan is comprehensively insured.

3. At no stage shall I take legal action against, or seek damages or compensation financial or otherwise from the Vulcan Riders Association, its chapters, its members and office bearers, as result of a motor vehicle/motorcycle accident, mishap or misadventure whilst taking part in a Vulcan Riders Association activity.

4. I agree to abide by the rules and regulation of the Vulcan Riders Association as specified in the Charter of the Vulcan Riders Association
(If you do not have a copy of the Charter, call the Chapter President to have one mailed to you or you can read the [Charter online](#).)

5. All family members nominated for membership below agree to abide by the rules and regulation of the Vulcan Riders Association as specified in the Charter of the Vulcan Riders Association and the conditions of membership specified above.

6. I agree that this membership is good for (1) one full year from my application date with an enclosed \$25.00 to cover chapter dues, operating costs, etc. A membership card stating my chapter standing will be mailed accordingly.

7. Please contact any one of the officers listed at bottom of page for information, questions and location in which to mail Application.

Checks may be made payable to: **Deborah Thompson**

Signature of Joining Individual

Date

Approved (Presidents Signature)

Date

Nominated Members and Membership Numbers:
(Numbers assigned by Chapter Secretary, a copy of the numbers will be mailed back to you)

Owning Member	_____	Membership Number	_____
Spouse/Partner	_____	Membership Number	_____
Other Relation	_____	Membership Number	_____