THE TOM CLARK MOTORCYCLE RIDERS CLUB OF AMERICA

http://www.tomclarksuzuki.com/
Richard Hogya, President (412) 812-0525

MEMBERSHIP APPLICATION

MEMBER'S NAME_____

ASSOCIATE MEMBER_____

ADDRESS_____

CITY_____**STATE**_____**ZIP**_____

APPLICATION YEAR_____

HOME PHONE_____ **CELL PHONE**_____

E-MAIL ADDRESS_____

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MEMBERSHIP DUES ARE - $20.00 PER CALENDAR YEAR. ASSOCIATE DUES ARE $10.00 PER CALENDAR YEAR.

CHECK OR MONEY ORDER PAYABLE TO TOM CLARK RIDERS CLUB SHOULD BE MAILED TO:

TOM CLARK RIDERS CLUB
C/0 DEBBIE MUNSHOWER, TREASURER
1523 COLLINWOOD PLACE
WEST NEWTON, PA 15089

FOR OFFICIAL USE ONLY:

DUES PAID FOR:_____ **(YEAR)**

MEMBER #: _____

ASSOCIATE MEMBER #: _____

AMOUNT REC: $_____

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(SIGNATURE OF CLUB OFFICIAL)