



Road Voyagers Motorcycle Club Membership Application

<http://roadvoyagers.yolasite.com/>

Date of Application _____

Print Name: _____

Print Co-rider name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Cell: _____ Email: _____

Birth date: _____ Co-rider birthdate: _____

Occupation: _____ Hobbies: _____

Make of motorcycle _____ Model _____ Year _____

Place you'd like to ride to: _____

Ride you would like to lead: _____

We only ask a donation of \$5 per household. Make check payable to Road Voyagers. Mail to:
Margaret Hershberger 672 Chimney Rock Rd Hellam PA 17406

Important, must be signed by all members:

Disclaimer: I understand the Road Voyagers cannot assume responsibility for my safety. I understand that participation in any Road Voyagers activity is strictly voluntary, and furthermore, I release and hold harmless the Road Voyagers and/or Road Voyagers members from any loss to property or person.

Rider Signature: _____ **Date:** _____

Co-rider Signature: _____ **Date:** _____

Executive Director:	Larry Hershberger	717-755-9900	larrynmargaret@comcast.net
Director:	Bill Bachert	717-426-0162	bbachert741@gmail.com
Director:	Art Grantz	717-266-1112	artgrantz@yahoo.com
Director/Treasurer	Margaret Hershberger	717-755-9900	larrynmargaret@comcast.net