

SBU Membership Application/Dues Form

Membership Rates:

January \$35 February \$32.50, March \$30 April \$27.50,

July \$20 August \$17.50, September \$15 October \$12.50,

May \$25 June \$22.50, November \$10 December \$7.50,

3yr (\$75) and 5 yr (\$125) Membership dues are also available

I understand that SoberBikersUnited cannot be assume responsibility for any aspect of my safety. I further understand that my participation in any "Sober Bikers United Activity" is strictly voluntary and I hereby release and hold harmless "Sober Bikers United" or any "Sober Bikers United Member" from any loss to person or property.

My act of paying Sober Bikers United dues means that I have read, understand, and comply with the above statement.

Your Name: _____

Address: _____

City, State, Zip: _____

Phone : (____) _____ Email : _____

Your Road Name (nick name) : _____ DOB: _____

Application Type : ____ Member/Recovering Person ____ Support Member (All others)

Sobriety Date (Recovering Person) : (M/D/Y) _____

Previous MC Affiliation : _____

AMA membership # (Optional/Not Required) _____

Signature: _____ Date: _____

**** Make Check or Money-order Payable to: SOBER BIKERS UNITED ****

Mail application and payment to:

Sober Bikers United, Inc.

c/o Ron Degidio

3923 Sarah Drive Wesley Chapel, FL 33543