

Print this form, complete it and mail with payment to address below.

I understand that SoberBikersUnited cannot be assume responsibility for any aspect of my safety. I understand that my participation in any SoberBikersUnited activity is strictly voluntary and further, I release and hold harmless SoberBikersUnited or any SoberBikersUnited member from any loss to person or property.

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

Sober Bikers United, Inc. Membership Application

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) _____

*** Membership Rates :**

3yrs \$75, 5yrs \$125, January \$35, February \$32.50, March \$30 April \$27.50, , May \$25, June \$22.50
July \$20 August \$17.50, September \$15, October \$12.50, November, \$10 December \$7.50

Mail application and payment to:

Sober Bikers United, Inc.

c/o Treasurer: Susan DelVecchio-Miller

30823 Luhman Ct,

Wesley Chapel, FL 33543