

Send this form along with a check or Money Order to:

V.M.E.
P.O. Box 1342
Vashon, WA. 98070

Name: _____

Address: _____

E-mail Address: _____

Phone Number: _____

AMA# _____

Optional information, just so we can get to know you better.

Would you like to share this info on a VME membership Directory? _____ Yes _____ No

How long have you been interested in vintage bikes _____ yrs Your age: _____

Motorcycles owned:

Make	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree as a condition of my membership in the Vintage Motorcycle Enthusiasts that I will be responsible for my own actions, and those of all minors in attendance with me at any VME event, and release, indemnify and hold harmless all VME members, officers, agents and other participants from any and all claims, demands, losses, injuries, expenses, or other liability of any kind arising out of my participation in VME activities or events.

Signed: _____

Date: _____

NOTE: Information submitted is strictly confidential and will not be sold or traded.