

**BMW Motorcycle Club  
San Antonio Riders**



**P.O. Box 15143**

**San Antonio, TX 78212**



## San Antonio BMW Riders Association

### REGISTRATION FORM

Make checks payable to: San Antonio BMW Riders Association

Type: Single Rider: \_\_\_\_\_ \$15    Multiple Riders/Family: \_\_\_\_\_ \$20

Name \_\_\_\_\_

Other Rider(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Club Affiliation: BMW MOA No. \_\_\_\_\_ BMWRA No. \_\_\_\_\_ AMA No. \_\_\_\_\_

Other \_\_\_\_\_

Referred by \_\_\_\_\_

Current Bike(s) \_\_\_\_\_

(Year/Make/Model) \_\_\_\_\_

Tell us about yourself \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The San Antonio BMW Riders Association does not encourage unsafe riding practices. Always wear a helmet and other protective gear. Obey all traffic laws.

I hereby release the San Antonio BMW Riders Association and its officers of any liability for any personal injury and/or property damage incurred while participating in any club activity.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICIAL USE AREA: .....

Renewals: MEMBER NO. \_\_\_\_\_

Year: \_\_\_\_\_ Amt: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Amt: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Year: \_\_\_\_\_ Amt: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Amt: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_