

GULF SOUTH BMW OWNER'S CLUB, INC. MEMBERSHIP APPLICATION

DATE

LAST NAME	FIRST NAME	NICK NAME
ADDRESS		APT. #
CITY	STATE	ZIP
HOME PHONE		WORK OR OTHER PHONE
()		()
SEX	DATE OF BRITH	MARITAL STATUS
M <input type="checkbox"/> F <input type="checkbox"/>	/ /	
Spouse Name	SPOUSE DATE OF BIRTH	ANNIVERSARY DATE
	/ /	/ /

MOTORCYCLE #1

YEAR	MAKE	MODEL

MOTORCYCLE #2

YEAR	MAKE	MODEL

*CAN PROVIDE ASSISTANCE WITH:

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E-MAIL ADDRESS

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* TRUCK, TRAILER WORKSPACE, TOOLS OR OTHER SERVICE THAT MAYBE CLUB RELATED.

Include a check or money order for \$15.00 made out to GULF SOUTH BMW OWNER'S CLUB, INC.
and mail to:

GULF SOUTH BMW OWNER'S CLUB, INC.
C/O Adam Graff
846 Helios Ave.
Metairie, LA. 70005