



Valley Forge H.O.G.
Chapter 4423
Supplemental Membership Form

First: _____ Middle Initial: _____ Last: _____
Birthdate: _____ Nickname: _____
Home Phone: _____ Mobile Number: _____
Email address: _____

List Bikes Owned:

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

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____
PHONE: _____

Would you like your home address private (e.g. If no will appear in various internal areas such as Member Search.)? Yes [] No []

Would you like your phone number(s) private (e.g. If no will appear in various internal areas such as Member Search.)? Yes [] No []

Would you like your email address private (e.g. If no will appear in various internal areas such as Member Search.)? Yes [] No []

Are you a Ladies of Harley member? Yes [] No []

Do you wish to receive the chapter newsletter? Yes [] No []

If yes, would you like to receive the newsletter in email form? Yes [] No []