



Member Personal Profile

DATE: _____

NAME: _____

ADDRESS: _____
Street Address *Apt #*

City *State* *Zipcode*

CELL PHONE: _____ HOME PHONE: _____ EMAIL: _____

BIRTHDAY: (mm/dd) _____ SPOUSE/SIGNIFICANT OTHER: _____

ARE YOU EMPLOYED OUTSIDE YOUR HOME? _____ JOB TITLE? _____

HOBBIES? _____

PLEASE LIST ANY ORGANIZATIONS/GROUPS/CLUBS THAT YOU ARE A MEMBER OF: _____

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SPONSOR/HOW DID YOU HEAR ABOUT BOOBS: _____

I would like to join **BOOBS** because _____

BOOBS raise money to assist breast cancer patients. What special talents/skills do you bring to the group?



Riding for Recipients

Member Personal Profile

(Continued)

Do you ride a motorcycle? NO YES _____
Year Make Model

If you ride, please complete the following information.

Do you have a motorcycle endorsement on your driver's license? YES NO

How many years have you ridden? _____

Riding courses and/or Safety training completed:

1. _____
2. _____
3. _____

How many miles do you typically ride per year? _____

What is the farthest destination that you have ridden to? _____

I have ridden in a group(s) consisting of ____ riders *(mark all that apply)*

1-5 6-10 11-25 26-50 51-99 100 or more

Emergency Contact 1: _____
Name Relationship Phone

Emergency Contact 2: _____
Name Relationship Phone

Please submit your completed form and a recent photo to a BOOBS Member or
via email to: babesoutonbikes2016@gmail.com or

mail to:
Babes Out On Bikes
7580 S 700 S
Columbia City, IN 46725