

I,	, am applying for membership in the PORT	
<b>STOCKTON</b>	MOTORCYCLE CLUB (PSMC). Attached is my non-refundable initiatio	n
fee of \$40.00.	I agree to the following conditions for consideration of acceptance as a	
member of P	SMC:	

- 1) I will read, understand and follow the PSMC Constitution, By-laws and Rules.
- 2) I will attend a minimum of four PSMC functions within 60 days of this application.
- 3) I will show proof of AMA membership, or become an AMA member within 6 months of joining PSMC.
- 4) I will submit this application for a vote of acceptance and understand that the initial membership is

membership in PSMC.				
****** For our reco	rds please complete the following	lowing **********	*******	
NAME:	BII	BIRTHDATE:		
ADDRESS:	x - 7			
CITY & ZIP:				
PHONE #'S, HOME:	WORK:	CELL:		
AMA #:	EXP DATE:			
PROFESSION OR OCCUPATION:				
MOTORCYCLE (MAKE, MODEL, YEAR, I				
SPONSOR:				
ACTIVE CLUB MEMBER	* 2	SPONSOR'S SIGNATURE		
APPLICANTS SIGNATURE		DATE		
***************************************	****** PSMC use only *	********	******	
First Function:	Date voted PSMC Probation	nary member:		
Second Function: Third function:				
Fourth function:				