

2005 Chapter M Stat Sheet

GWRRA #: _____

Name: _____

Address: _____ City: _____ ZIP: _____

E-Mail: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Birthday: _____

Spouse/Friend: _____ GWRRA #: _____

Birthday: _____ Anniversary: _____

Children: _____ GWRRA #: _____

Birthday/s: _____

Year of Bike: _____ Brand: _____ Model: _____

Color: _____

Year of Bike: _____ Brand: _____ Model: _____

Color: _____

Camper: _____ Sidecar: _____ Trike: _____

Trailer: _____

When and How did you join GWRRA: _____

Anything you would like us to know about you? Hobbies or Interest: _____

Places you like to ride: _____

Would you be interested in participating in any Rider Ed Courses (Circle): CPR First Aid

ERC Sidecar Trailer Trike

Would you be interested in helping at one of our activities: Yes No Possible

Would you want to plan or lead a ride: _____

We in Chapter M would like to get to know you better. We ask that you please fill out this sheet.

You may drop it off at a social or dinner night or mail it to Ila Hallett 1316 Hastings Street Green Bay, WI 54301.

Thank you in advance!