



Advent Bikers 4 Christ Application:

Date ____ \ ____ \ ____

Name:

DOB: ____ \ ____ \ ____

Address:

City:

State:

ZIP:

Country:

Email:

Phone:

Cell:

Are you a Seventh-day Adventist

Yes ____ No ____

Attend Church

Yes ____ No ____

Where do you attend:

Your Pastor's name:

Motorcycle information

Make: **Model:** **Year:**

Motorcycle endorsement: Yes _____ No _____

Insurance: Yes _____ No _____

Agreement: (Please print)

I _____ have read and

agree to follow all the rules, regulations and by-laws
attached to the best of my abilities.

I realize that if I willfully violate any of these rules, regulations or standards I may
lose my membership by a vote of the committee and will not be allowed to wear
AB4C's colors.

I understand and accept the goals and mission required to act as a member of
Adventist Bikers 4 Christ.

Please sign:

Date: _____