



## **Member Sponsorship Form**

Sponsor Name: \_\_\_\_\_

(Individual, School, Business, In Memory Of....)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsors Website: \_\_\_\_\_

Contestant Being Sponsored: \_\_\_\_\_

**Single member: \$80.00    Family: \$100.00**

Amount Donated: \_\_\_\_\_ Date paid: \_\_\_\_\_

Cash or Check    Check# \_\_\_\_\_ Officers initials \_\_\_\_\_

**Thank You For Your Confidence in the Jeff Davis Riders Club!**