

SUSQUEHANNA VALLEY CRUISERS
MEMBERSHIP APPLICATION

Questions below the double line are optional, but be assured that it is our intention that information you submit to us is for the sole use of members of the Susquehanna Valley Cruisers and will not be given to third parties.

When you are finished, please return this application as soon as possible to Leonard Mortorff, SVC Treasurer, P.O. Box 286, York Springs, PA 17372. If you have any questions please call me at 717-528-7726 or e-mail me at Mortorff@email.com.

Don't forget to enclose a check, payable to SVC, for \$15 (per household) for your dues!

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail (Opt): _____

Spouse/Significant Other: _____

Would your spouse/s.o. like to be listed with the member in the directory? Yes ____ No ____

Motorcycle#1 YR_____ Make_____ Model_____

Motorcycle#2 YR_____ Make_____ Model_____

Member

Spouse/S.O

Occupation: _____

Birthday: _____

Anniversary: _____

Other Hobbies: _____

Other Clubs, Etc: _____

Anything else you'd like to say about yourselves _____

Children:(1) _____ (2) _____ (3) _____

Do you want them listed in the directory? Yes _____ No _____

How did you hear about the SVC? _____
