

LANGLEY, BC



**MEMBERSHIP APPLICATION
INDIAN MOTORCYCLE RIDERS GROUP
LANGLEY, BC
CHAPTER 2020**

LANGLEY, BC



APPLICANT INFORMATION

FIRST NAME:

LAST NAME:

ADDRESS:

PHONE #:

EMAIL:

MOTORCYCLE INFORMATION

MAKE:

MODEL:

YEAR:

COLOUR:

VIN #:

DEALERSHIP:

NATIONAL IMRG MEMBERSHIP

National membership is free and suggested

NATIONAL MEMBERSHIP#:

 ELITE MEMBER NOT A MEMBER

CHAPTER 2020 INFORMATION

Langley annual dues are \$25CAD

Make cheques payable to "Indian Motorcycle Riders Group – Langley, BC"

Send e-transfers to our treasurer, Tim Bouzovetsky at chillitim@shaw.ca

Make security question answer **IMRG2020**

PAYMENT MADE BY: CASH CHEQUE E-TRANSFER

PAYMENT ACCEPTED BY:

DATE:

SIGNATURES

IMRG Chapter 2020 – Langley BC is a group of likeminded riders of all skill levels and experience who are passionate about the Indian Motorcycle brand. It is important to us to project a positive image in and show support for our local community. We treat each member with respect and foster an open and honest group environment. New members will receive a copy of our bylaws and all members are expected to contribute to the group in a positive manner. We look forward to welcoming you into our group.

APPLICANT:

DATE:

WITNESS:

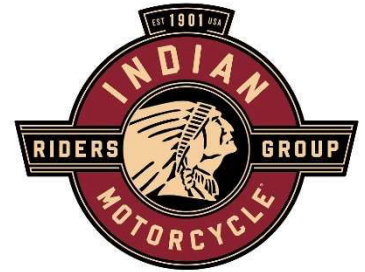
DATE:

**PLEASE SEND COMPLETED APPLICATIONS TO BOTH EMAILS BELOW:
MEMBERSHIP DIRECTOR, TYRONE WIENS membershipdirector.imrg.langley@gmail.com
TREASURER, TIM BOUZOVETSKY chillitim@shaw.ca**

LANGLEY, BC



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EMERGENCY MEDICAL AND CONTACT INFORMATION

This information is kept private and only available to chapter 2020 officers to be used in case of an accident or emergency. It will not be shared with anyone else for any reason.

Please replace all black type with your information. Delete any black type that you do not wish to share or is not applicable. For conditions, medications, and allergies we suggest using NIL if you do not have any.

Emergency Medical Information		Conditions/History	
YOUR NAME		Medical conditions/history here	
Street Address	Phone Number		
City, Province	Blood Type: blood type		
Postal	Date of mm/dd/yyyy		
Emergency Contacts		Medications	
Contact #1	Daytime #	Nighttime #	Medication #1
Contact #2	Daytime #	Nighttime #	Medication #2
			Medication #3
Physicians		Allergies/Other Information	
Physician #1	Physicians Phone #		Allergies/Other Information
Physician #2	Physicians Phone #		

Print a copy of this card for yourself. Cut along the lines and fold along the dotted line.
Laminate the card for better durability.

Keep this card on your person at all times during our rides. We suggest the left breast pocket or your vest if you wear one. Or in your wallet if you don't. Let others know where you keep it if you ride with the same group often.

Print an additional card for all passengers you may have with you during our rides.