

## **AUXILIARY MEMBERSHIP APPLICATION**

Blue Max | St. Louis, Missouri

## **APPLICANT INFORMATION**

Name:		Birthday:			
Address:		City/State/Zip:			
Primary Phone:		Email:			
Emergency Contact:		Emergency Contact Relationship:			
Emergency Contact / Phone Number:		Are you "out"	to this p	erson? 🗆 Yes 🗆 N	0
Auxi (2) d men	TIES & OBLIGATIONS  liary Members agree to promote the club and its interclub events, at the discretion of the Road Captain, and others can wear the official Auxiliary member t-shirt are S & COST  abership dues are \$35 annually. Auxiliary Members are	d two (2) regularl nd will get notifica	y schedule ations of a	ed meetings yearly. Ass Il club events.	ociate
	the club. Other fees may apply, and all fees are due	upon approval of	members	ship application.	
MEN 1	<b>IBER QUESTIONS</b> I will abide by the rules as set forth in the bylaws ar aims and purposes of the club	nd uphold the	□ Yes	□ No	
2	I am willing to extend my hand in promotion of brot friendship, and courtesy to all fellow club members, members of similar clubs, regardless of my feelings	as well as	□ Yes	□ No	
3	I will assume the responsibility of making the club a community	n asset to the	□ Yes	□ No	
4	Are you currently, or have your previously been a magnitude similarly oriented club?	nember of a	□ Yes	□ No	
5	Can you provide overnight accommodations for outfrom other clubs?	of-town guests	□ Yes	□ No	
6	Please list any talents or skills that could be an asse	t to the club			
I understand the requirements of membership and hereby submit my application in good faith:					
Sign	ed Name:	Date: /	/		
Print	red Name:				
Full	Member Sponsors:				
Name: Signe		ed:			
Nam	Sign	ed:			

Blue Max Cycle Club PO Box 15043 St. Louis, MO 63110