

Complete the application and mail to:

Attention: FTR
PEDCO., LLC
P.O. Box 302
Union City, Georgia 30291-0302

Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Age: _____

Occupation: _____

Gender: _____

Do you own a Motorcycle (s): Yes _____ No _____

Make and Model (s) of Motorcycle: _____

Year: _____

Are you a member of a motorcycle club? _____

Name of Motorcycle club? _____

What position if any do you hold within your club? _____

How many members are in your club? _____

How many motorcycle events do you attend each year? _____

Which Events do you attend: _____