



Star Touring & Riding Association
CHAPTER #193 – WOODSTOCK IL

2008 CHAPTER #193 MEMBERSHIP APPLICATION

Primary Member Name: _____

Secondary Member Name: _____

Children/Grandchildren: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

E-Mail Address(es): _____

--- IMPORTANT---

Must be a member of Star Touring & Riding (applied for separately), prior to Chapter membership.

*Star Membership Number: _____ Exp. Date: _____

*Mandatory requirement.

Motorcycle(s) Make, Model and Year: _____

Years Riding Experience: _____

I am interested in joining (please check box):

Star Vets

Tin Star

LOS (Ladies of the Star)

Star Kids

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

Annual Membership fee: **\$25.00** per family
Remit to: Chapter Treasurer
(Note: Make checks payable to: **Star Touring & Riding Chapter #193**)

Primary Member Signature: _____ Date: _____