



**EL ZARIBAH SHRINE
MOTORCYCLE UNIT**



MEMBERSHIP QUESTIONNAIRE

Name in full _____ Birth Date: _____

Nickname _____ Spouse's name _____

Address _____ City _____ ZIP _____

Phone # Home _____ Cell _____
Work _____ Fax _____

Email address _____ Blue Lodge _____

I hold Shrine membership in the following units: _____

Why do you wish to become a member of the motorcycle unit? _____

How long have you been riding motorcycles? _____

What maneuvers have you ridden on a motorcycle? _____

How do you feel about riding in parades? _____

As of now, what will prevent you from being able to attend the majority of meetings, parades, practices and other functions of the unit? _____

Please explain any health problems or medication that would prevent you from riding motorcycle in the parades or any other functions: _____

Applicant's signature _____ Date of application _____

Recommended by _____