

Ladies on Spokes

Membership Application

Name _____ (Please Print)

Address _____

City _____ State _____ Zip _____

Birthday: Month _____ Day _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____

How did you find out about Ladies On Spokes? _____

Best Days to ride:

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____
Morning _____ Afternoon _____ Evening _____

Volunteer Opportunities:

I am interested in helping with the following:

Events Coordinator _____ Hospitality Committee _____

Public Relations _____ Ride Leaders _____

Historian _____

Dues Paid on: Month _____ Day _____ Year _____

Please make \$25.00 check payable to:

Judy Coleman
and mail to
Ladies On Spokes
P.O. Box 817
Sharpsburg, GA 30277-0817
Dues are for one year.