

**Valley of New Castle - Hiram's Scottish Riders Motorcycle Club
Membership Application**

Name:

_____ Last _____ First _____ Middle Initial

Address:

_____ Address _____ City _____ State _____ Zip

Phone:

_____ Home _____ Home Fax _____ Work _____ Work Fax

_____ Cell _____ Pager _____ Other _____ Other

Mail:

_____ E-Mail 1 _____ E-Mail 2 _____ Web Page

Lodge:

_____ Blue Lodge Name _____ Number _____ Blue Lodge City _____ Blue Lodge State

Valley:

_____ Scottish Rite Valley _____ Valley City _____ Valley State

Other Masonic Affiliation:

_____ Name of Organizator _____ Number _____ City _____ State

_____ Name of Organizator _____ Number _____ City _____ State

_____ Name of Organizator _____ Number _____ City _____ State

_____ Name of Organizator _____ Number _____ City _____ State

Motorcycle Affiliation:

_____ Name of Organizator _____ Number _____ City _____ State

_____ Name of Organizator _____ Number _____ City _____ State

_____ Name of Organizator _____ Number _____ City _____ State

Are you a Member of the AMA? **Yes** **No**

Recommended By:

_____ Signature of First Active Recommende _____ Signature of Second Active Recommende

Comments:

Date: _____ **Signature of Applicant:** _____

Send this application and a Check for \$45.00 (\$15.00 Dues and \$30.00 Initiation) to:
A.A.S.R., Valley of New Castle, 110 E. Lincoln Avenue, New Castle, PA 16101