



Smoky Mountain HOG Chapter #3002

Supplemental Membership Form

FIRST _____ MIDDLE _____ LAST NAME _____

BIRTHDATE _____ SEX _____ NICKNAME _____

HOME PHONE _____ CELL PHONE _____

SIGNIFICANT OTHER:

FIRST _____ MIDDLE _____ LAST _____

NATIONAL HOG MEMBERSHIP TYPE: Full [] Full Lifetime [] Associate [] Associate Lifetime []

EMERGENCY CONTACTS:

NAME _____ RELATIONSHIP _____

PHONE _____

NAME _____ RELATIONSHIP _____

PHONE _____

Please be sure to sign documents in all the indicated places and mail with your check for \$30.00 to:

**Smoky Mountain HOG Membership
c/o Harley Davidson of Asheville
20 Patton Cove Road
Swannanoa, NC 28778**