

## Wheels of Faith Application for Membership Copyright © 2000

Please use this form to apply for membership in Wheels of Faith MM. Apply by printing this form and mailing it to:

Wheels of Faith MM 1620 Barr St Oviedo, FI 32765

Enclose the \$80 fee and insure your pastor's recommendation is signed. Make check payable to Wheels of Faith MM. Include your vest that you would like the patch sewed to.

Please provide the following general information:
Name
Officer Positon if applicable
Address
City
State
Zip
Country
Phone Number
Email Address
Church Name
Pastor's Name
Address
City
State
Zip
Phone Number

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## Wheels of Faith Application for Membership

Applicants name
Please give a brief testimony of your conversion experience including how many years you have been a Christian.
Please list the make & model of your current motorcycle.
Pastor's Recommendation Signature  Date

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