



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
277 Stewart Street
Geneva Fl 32732

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 Position if applicable			
Address	Number & street		
	City		
	State	Zip Code	
	Country		
Contact Information	Phone Number		
	Email Address		
Please list the make & model of your current motorcycle			

Wheels of Faith Application for Membership

Applicants name: _____

<p>Please give a brief testimony of your conversion experience including how many years you have been a Christian.</p>	
--	--

Church and Pastor Information

Church	Name			
	Address			
	City			
	State		Zip Code	
	Phone Number			
Pastor's Information & Recommendation	Name			
	Signature			
	Date			