



Hillel's Angels Motorcycle Touring Club Membership Form

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Married / Single - Spouse's name: _____

E- Mail address _____

Date of Birth _____ Name on Delphi Forum _____

Years riding / Safety Courses : _____

Motorcycle (s) owned: _____

Comfort Riding Speeds: ____ at speed limit ____ 10-20+MPH over ____ 20-30+MPH over

I confirm my understanding of the Hillel's Angel Charter and its intent and agree to comply with the stated policy guidelines. I submit this membership form willingly.

Signature: _____ Date: _____

Official Use:

Please mail completed forms and dues (\$36) to:

Hillel's Angels
194 Carlough Place
Mahwah, NJ 07430