



*Star Touring & Riding Association
Long Island, New York Chapter 278*
President, Phil Bruno

Member Information

(Please print)

Name _____
(FIRST) (LAST)

Address _____

City _____ State _____ Zip _____

Home Phone # (____) _____

Work Phone # (____) _____

Cell Phone # (____) _____

E-mail Address _____

Include me in STAR club listings and mailings? [] YES [] NO

STAR Member Date _____ Expiration Date _____

Member Signature Date

(Do not write below this line)

1st Meeting/Event: _____ (Date)

2nd Meeting/Event: _____ (Date)

3rd Meeting/Event: _____ (Date)

Voted in: _____ (Date)



Member Questionnaire

Name _____ Date _____

1. Motorcycle license endorsement date: _____
2. Year, Make & Model of bike owned: _____
3. Total miles driven on a motorcycle: _____
4. Did you ever attend a motorcycle safety course?
Yes or No ... When? _____
5. Have you ever ridden in a group of 6 bikes or more before? Yes or No

Comments: _____

