



BIKERS MEMORIAL FUND

P.O. Box 1081
Sandusky, Ohio 44870
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website: bmfohio.org
Facebook: Bikers Memorial Fund

BIKERS MEMORIAL APPLICATION

Today's Date: _____

NAME TO BE INSCRIBED ON MEMORIAL (24 spaces): **NO CLUB AFFILIATIONS ARE ALLOWED ON MEMORIAL.**

Type of Motorcycle: _____ No. of years riding: _____

Type of Riding: _____

Number of Children: _____ Ages: _____

Date of Birth (Month/Day/Year): _____ Date of Death (Month/Day/Year): _____

INDIVIDUAL SUBMITTING APPLICATION:

Last: _____ First: _____ Middle Int.: _____

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

NAME & ADDRESS OF CLOSEST FAMILY MEMBER OF DECEASED (for future contact and mailings):

Last: _____ First: _____ Middle Int.: _____

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please write a brief history as to why this individual should be on the Memorial:

APPLICATIONS AND FEE TO ENGRAVE OF \$250.00 SHOULD BE SUBMITTED TO:

Bikers Memorial Fund ~ P.O. Box 1081 ~ Sandusky, Ohio 44870

** Deadline for name to appear on May Party Shirts is February 15.

** DECISION OF OFFICERS AND BOARD MEMBERS ARE FINAL.

RECEIVED: _____ APPROVED: _____ DENIED: _____