

**BIKERS MEMORIAL APPLICATION**

Name of Individual Submitting Application: \_\_\_\_\_ Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Int.: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name & Address of closest family member of deceased ( for future contact and mailings)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Int.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name to be inscribed on Memorial: \_\_\_\_\_ \*

Type of Motorcycle: \_\_\_\_\_ No. of years riding \_\_\_\_\_

Type of Riding: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Date of Death (Month, Day, Year) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications and fee to engrave of \$200.00 to be submitted to: The Bikers Memorial Fund  
\*Maximum of 24 spaces for name. 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

Approved: \_\_\_\_\_ Denied \_\_\_\_\_

**“NO CLUB AFFILIATIONS WILL BE ALLOWED ON MEMORIAL”**