Sober Indian Riders Membership Application Form

NAME:	DOB:
ROAD NAME (NICK NAME):	
ADDRESS:	
CITY, STATE, ZIP:	
HOME PHONE:	CELL PHONE:
E-MAIL:	
APPLICATION TYPE:	MEMBER (RECOVERING PERSON) PATCH: \$85.00 (US) SUPPORTER (ALL OTHER) \$15.00 (US)
SOBRIETY DATE:	
PREVIOUS AFFILIATION (OPTION	,
Mail form and Payment to: Sober I 59860	ndian Riders, 36221 Dixon Lane, Polson, MT.
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I understand, as indicated by my signal in the journey and challenge of the demonstrate a positive role model for honor and respect for our colors, print this with personal honor by abstaining mind our ancestral teachings I will seemembers by returning my logo/jacke	ature below, that I join with the Sober Indian Riders fighting our enemy, alcohol/substances. I will all people. As a member of SIR I will reflect only ncipals, and services statement. I will demonstrate g from wearing the logo if I should fall. Keeping in sek support, prayers and strength from the SIR Core t/vest. I will use an honor system, to report that I ion of the philosophies of the SIR's. At that time

Date

Signature