



VJMC Field Representative Application

Member # _____ Is your membership current? _____

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP/POSTAL
CODE: _____ COUNTRY: _____

PHONE: () _____ E-MAIL: _____
REGION OFFERING TO SERVE: _____

VINTAGE JAPANESE MOTORCYCLE ACTIVITIES IN WHICH YOU ARE PRESENTLY INVOLVED:

Are you an officer or member of the board of Directors of any other motorcycle club
Please identify the club and your role in the space below:

VJMC References:

I have reviewed the VJMC Field Representative's Guide and am volunteering to serve per the guidelines prescribed in it.

SIGNED: _____

Mail completed application & Confidentiality Agreement to:

Floyd Finch, VJMC Field Rep Coordinator, ffcad3d@gmail.com or
2205 Gallowaytown Rd. Hartsville, S.C. 29550
phone # 843 309 6886