

CMA MEMBER INFORMATION SHEET

(For Chapter Officer Use Only)

		Date
Name	CMA#	
Address		
City	State, Zip	
Home Phone	Email	
Cell Phone	Birthday	Anniversary
Spouse's Name	CMA#	Birthday
Spouse Cell Phone	Spouse Email	
Names of Children		
Names of Grandchildren		
How long have you been a CMA member? Self: Spouse:	How long in this Chapter? Self: Spouse:	
How far do you travel to attend monthly chapter meetings?		
What is the name of your church?		
Are you active in the ministry of your church? How?		
Do you want to be contacted to help with CMA chapter events?		[] Yes [] No
Would you be willing to host a chapter bible study in your home?		[] Yes [] No
Would you be willing to have a chapter fellowship in your home?		[] Yes [] No
Would you like to be on the chapter prayer line (email)?		[] Yes [] No
Would you be willing to help at the Run for the Son ride?		[] Yes [] No
Do you belong to another motorcycle organization?		[] Yes [] No
Do you hold office in any of the motorcycle organizations?		[] Yes [] No
Type of motorcycle: Self:	Spouse:	
Number of years riding? Self: Spouse:	MSF Course? Self: [] Y [] N Spouse: [] Y [] N	
Comments		