



THE MIDNIGHT RIDERS

A NEW ENGLAND REVOLUTION INDEPENDENT SUPPORTERS ASSOCIATION

2008 MEMBERSHIP APPLICATION

Please complete the following information:

Name:		
Street Address:		Apt:
City/Town:	State:	Zip:
Phone Number (Include Area Code):		
Primary Email Address:		

Indicate Membership Type:

Single (\$10.00) _____

Family (\$15.00) _____

Family Memberships are limited to one designated individual plus any immediate family members including spouses, civil partners and any children under the age of 18.

If Family Membership, please list additional family members:

Name: _____ Age: _____ Email: _____

Name: _____ Age: _____ Email: _____

Name: _____ Age: _____ Email: _____

Name: _____ Age: _____ Email: _____

Please mail this completed form with payment to:

The Midnight Riders
P.O. Box 690264
Quincy, MA 02269

Payments may be made by check or money order (U.S. funds only), payable to The Midnight Riders.

Please do not send cash.

For MR Use Only	MR Membership # 08-_____
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