

QUESTIONNAIRE FOR L.O.C.A.L. MEMBERS/PROSPECTIVE MEMBERS

NAME: _____ DATE: _____

1. Do you have your motorcycle license? YES or NO (Please circle one)

Verified by: _____ Date: _____

2. If NO, do you have your permit? YES or NO (Please circle one)

Verified by: _____ Date: _____

IMPORTANT: Are you aware that riding with a permit is limited? You cannot ride on a freeway or at night time and you cannot carry a passenger.

3. Do you currently have insurance on your motorcycle? YES or NO (Please circle one)

Verified by: _____ Date: _____

Insurance company name: _____

IMPORTANT FACT: In the state of California it is unlawful to drive any vehicle that is not insured.

4. Approximately how many total miles have you ridden in the entire time you have been riding? _____

5. Have you taken any motorcycle safety course in the last 3 years? YES or NO

Beginner or Experienced (Please circle one) Date Completed: _____

6. Have you ever ridden in group of more than 5 riders? YES or NO (Please circle one)

7. Do you know what staggered riding is? YES or NO (Please circle one)

Briefly explain what staggered formation is _____

8. Have you ever ridden in this formation? YES or NO (Please circle one)

Please complete this form and return to the Safety Officer or Secretary/Treasurer of LOCAL