<u>Meeting Information:</u> 7:00 PM – Second Wednesday of every Month Fallow us on Facebook or our website for the location of meeting.

> Mailing Address: PRAMCO P.O. Box 1259 Sanford, ME 04073

Website: www.PRAMCO.org

<u>Contact Us:</u> Phil Thain Jr. – President 207-200-7366

MISSION STATEMENT

Patriot Riders' © major functions are to help all American Veterans; people in our communities; encourage rider participation in events; and to promote motorcycle safety. We support the Constitution of the United States, the right to freedom and our fellow members.

Patriot Riders © is not connected with or an affiliate of any other organization and we do not raised funds for profit.

We are not as yet a non-profit organization, which will operate under the guidelines of the Federal Government for a non-profit organization as defined by section 501C(3) of the Internal Revenue Code of 1986. Our notice of intent will be on file soon.

All Patriot Riders © members donate his or her time because they believe in the issues stated above. Meetings must be orderly and each member has a right to be heard. Every member is as important as the next. Everyone has different views and we must all work together in an orderly fashion.



Membership Application

| Name: | Nickname/Handle: | | | | |
|--------------------------|------------------|------|--|--|--|
| Address: | | | | | |
| City: | | Zip: | | | |
| Home Phone: | Cell Phone: | | | | |
| Email: | | DOB: | | | |
| Emergency Contact: | | | | | |
| Emergency Contact Phone: | | | | | |

I understand that Patriot Riders © does not assume responsibility for any aspect of my safety and that if I participate in any Patriot Riders' event, I do so voluntarily on my own assessment of my ability, the route, and all facilities and conditions, assuming all risk; and I release and hold Patriot Riders, its members and officers, harmless for any injury or loss to my person or property which my result. I also hereby certify that I am in compliance with my state's financial responsibility laws regarding carrying the proper insurance.

| Signature: | | | |
|------------|--|------|--|
| Date: | | | |
| Sponsor: | | | |