



**Wheels of Faith Application for Membership**  
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Please use this form to apply for membership in Wheels of Faith MM. Apply by printing this form and mailing it to the National Office at the address that has been provided to you.

Enclose the \$80 fee and insure your pastor's recommendation is signed. Make check payable to Wheels of Faith MM. Include your vest that you would like the patch sewed to.

Please provide the following general information:

Name \_\_\_\_\_  
Officer Position if applicable \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Church Name \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_



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**Applicants name** \_\_\_\_\_

Please give a brief testimony of your conversion experience including how many years you have been a Christian.

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Please list the make & model of your current motorcycle if you have one.

Pastor's Recommendation Signature \_\_\_\_\_

Date \_\_\_\_\_