



VJMC Field Representative Application

The information below will be used only for our club business

Member # _____ Is your membership current? _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE: () _____ E-MAIL: _____

REGION OFFERING TO SERVE: _____

VINTAGE JAPANESE MOTORCYCLE ACTIVITIES IN WHICH YOU ARE PRESENTLY INVOLVED: _____

VJMC REFERENCES _____

I have reviewed the VJMC Field Representative's Guide and am volunteering to serve per the guidelines prescribed in it.

SIGNED: _____

Mail completed application to:

Hal Johnson, VJMC President
6335 N 115 Cir, Omaha, NE 68164

Phone: 402-965-9770
Email: president@vjmc.org