

CMA MEMBER INFORMATION SHEET
(For Chapter Officer Use Only)

		Date
Name	CMA#	
Address	Home Phone	
City	Email	
Province, Postal Code	Birthday	Anniversary
Employer <input type="checkbox"/> Days <input type="checkbox"/> Nights		
Spouse's Name	CMA#	Birthday
Employer <input type="checkbox"/> Days <input type="checkbox"/> Nights		
Names of Children		
Names of Grandchildren		

How long have you been a CMA member?	How long in this Chapter?
How far do you travel to attend monthly chapter meetings?	
Ministry Team course completed? Which one?	
What is the name of your church?	
Are you active in the ministry of your church? How?	

- Do you want to be contacted to help with CMA chapter events? Yes No
- Would you be willing to host a chapter prayer meeting in your home? Yes No
- Would you be willing to have a chapter fellowship in your home? Yes No
- Would you like to be on the chapter prayer line? Yes No
- Would you be willing to help at the Run for the Son ride? Yes No
- Do you belong to another motorcycle organization? Yes No
- Do you hold office in any of the motorcycle organizations? Yes No

Type of motorcycle:	
Number of years riding?	Motorcycle Safety Course?
Comments	

