



STREET BIKERS UNITED HAWAII

MAUI CHAPTER

P. O. Box 482

Puunene, Hawaii 96784-0482

www.sbumaui.org

Membership Application

Membership dues go to the Street Bikers United Hawaii state treasury and are used to further our legislative efforts. All officers and committee members of Street Bikers United Hawaii are unpaid volunteers. In accordance with state and federal laws, contributions are not tax deductible.

Please join on-line at www.sbumaui.org or complete this form and mail to the above address. Make your check or money order out to Street Bikers United Hawaii, and thanks for supporting the organization that gave you helmet law repeal, the recon law, and a savings of 60 to 70 percent on your insurance premiums through exemption from "no fault".



Patch & Decal logo

- _____ **Individual Yearly Membership** (\$20 contribution per year)
- _____ **Couples Yearly Membership** (\$30 contribution per year)
- _____ **Street Bikers United Hawaii Patch** (\$5)
- _____ **2" Street Bikers United Hawaii Decal** (\$1)
- _____ **4" Street Bikers United Hawaii Decal** (\$2)
- _____ **Street Bikers United Hawaii Pin** (\$5)
- _____ **Maui Chapter Bandanna** (\$5 + \$1 S/H) circle color: blk, red, navy, grn, gold, burgundy, yellow, white, purple, orange
- _____ **Maui Chapter Skullcap** (\$13 + \$1.50 S/H) circle color: black, pink
- _____ **Women's Maui Chapter spaghetti strap black tank** (\$15 + \$2 S/H) circle: S, M, L, XL
- _____ **Men's Maui Chapter black T-shirt** (\$15 + \$3 S/H) circle: M, L, XL, XXL, XXXL
- _____ **Donation to the Maui Chapter**
- _____ **Donation to the Maui Toy Run**
(neither the Maui Chapter nor the Maui Toy Run are funded by yearly membership dues)

_____ **Total**



Shirt Logo

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ (Your email address stays private and helps us cut postage costs and mailing hassle.)

Phone _____ Date _____ Club Affiliations (optional) _____

Payment Method (circle one) Cash Check Money Order Visa MasterCard American Express

Credit Card # _____ Expiration Date _____

Card Verification # (on back of card, locate the final 3 digit # in the signature box) _____

Name As It Appears On Card _____

Billing Address (if different than above) _____

Signature _____