



Women On Wheels®
**REQUEST FOR INFORMATION ON
STARTING A WOW CHAPTER/
CHAPTER ORGANIZER INFORMATION**

SEND TO:

Women On Wheels®
4940 O Street #1007
Lincoln, NE 68510
or Chapter@womenonwheels.org

Date:

**Thank you for your interest in starting a Women On Wheels® Chapter in your area.
A packet of information on how to form a chapter of Women On Wheels® will be mailed
to you upon completion and return of this form.**

GENERAL INFORMATION (Please Print)

WOW Membership Number _____ Expiration Date _____

Last Name _____ First Name _____

Address: Street _____

City/State/Zip _____

Nearest Large City _____

Home Phone () _____ Preferred Contact # (Y / N)

Cell Phone () _____ Preferred Contact # (Y / N)

E-Mail Address _____

Riding History _____

Office Use: Information Sent:

Date: / / By: _____