



## APPLICATION FOR ASSISTANCE

If your family, or you know of a family that needs our assistance, in the states & counties we currently cover (see map on web site, or contact that board in that area) then please fill out the application below.

Please make sure to send it to the board of the state in which the rider lived, or send to [fallenriders@aol.com](mailto:fallenriders@aol.com) to be forwarded, to the appropriate state.

Completion of this application is in NO WAY a guarantee of assistance. For full details of the approval process contact one of the Board of Directors or go to [www.fallenridersmemorialfund.com](http://www.fallenridersmemorialfund.com).

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Name of person/contact completing application: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

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Name of fallen rider \_\_\_\_\_

Date of death \_\_\_\_\_ Age of rider \_\_\_\_\_ Number of children \_\_\_\_\_ Married Y / N

City ,County & State where accident happened \_\_\_\_\_

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Riders city of residence \_\_\_\_\_ State \_\_\_\_\_

Name of family member to be contact \_\_\_\_\_ Phone \_\_\_\_\_

Accident info: \_\_\_\_\_

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### Office use only:

NUMBER OF BOARD MEMBERS VOTING \_\_\_\_\_ VOTES: YEAY'S \_\_\_\_\_ NAYS \_\_\_\_\_

CHECK MADE OUT TO \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ DATE OF DELIVERY \_\_\_\_\_