

# HEART BEAT

OF THE CHRISTIAN MOTORCYCLISTS ASSOCIATION



## Subscription Form

Subscription Paid By: \_\_\_\_\_

Name: \_\_\_\_\_

Member # \_\_\_\_\_  Non-Member

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

- I am an active member but would like an additional *HeartBeat* each month.
- I do not need additional issues each month, but would like to donate \$20 to help offset the *HeartBeat* expenses.
- I am an active member but would like an additional *HeartBeat* each month mailed to: (if different than above).

Name: \_\_\_\_\_

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**Fill out this form then mail with payment to:**

**CMA *HeartBeat***  
**P.O. Box 9**  
**Hatfield, AR 71945**  
**Fax: 870-389-6199**