## Patriot Riders of America Inc., Chapter One Florida

PO Box 380993 Port Charlotte, FL 33949



## Please provide all requested information completely Applicants must be 18 years or older PLEASE PRINT or type in black or blue ink

## \*Required

*First Name:	Middle Name:	Last Name:
*Address:		
*City:	*State:	*Zip Code:
*Home Telephone:	Mobile:	Work:
Email Address:		*Date of Birth:
Occupation:	Employer:_	
How did you hear about the	Patriot Riders of America?	
Are you acquainted with any	Patriot Rider members? If "yes" who	?
Why do you want to join the	Patriot Riders of America?	
Do you now or have ever be	longed to a fund-raising organization?	If "Yes" which one and what were your
•	e?	·
Are you a Veteran?	What Branch? W	hat Years?

Pg 1 rev. 2018

What special talents would you offer?		
Have you ever been convicted of a fel	ony?	
PLEASE READ, THIS RI	ELEASE BEFORE SIGNI	NG THIS MEMBERSHIP APPLICATION
including myself during any Patriot R and agree that all Patriot Riders member the Patriot Riders. I therefore release a which may result. I understand that the property relating to any Patriot Riders any vehicle I use relating to a Patriot I	iders activity even where the pers and their guest (s) partic and hold the Patriot Riders has means that I agree not to a activities. I further agree the Riders Activity and that I am to operate or am responsible	ponsible for damage to property or an injury to persons e damage or injury is caused by negligence. I understand cipate voluntarily and at their own risk in all activities of narmless for any injury or loss to my person or property sue the Patriot Riders for any injury or damage to my at in good faith that I am lawfully licensed to operate a responsible to provide adequate insurance on my e for while participating in an activity of the Patriot
	signed a sponsor for the firs	Riders of America Inc, Chapter One Florida the t 90 days. The recruit is required to attend 4 meetings eing considered for full membership.
The applicants sponsor will submit a napproved will bring it to the general n	•	to the Executive Board. The board will vote and if I membership.
The membership dues of \$30 are to be	e paid within 30 days upon b	being granted full membership & expires November 30th.
A completed application may be hand	delivered or mailed to;	
Patriot Riders of America Inc, Attn: Membership PO Box 380093 Murdock, FL 33938-0993		
Signature:		Date:
	OFFICE USE (	ONLY
Paid Dues:	_ Back Patch Paid:	Boot Patch Paid:
	Recommenda	ations
Sponsor: E	Executive Board:	General Membership:

2

rev. 2018