| Membership Application | | | |
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| Applicant Information | | | |
| Name: Chapter Transfer From to | | | |
| Date of birth: | Home Phone: Cell Phone: | | Road Name: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Email: | Citizenship: Are you a United States Citizen: Y N | | Sponsored By: |
| Motorcycle Information | | | |
| Insurance Carrier: | | | |
| License #: Expiration: | | | State: |
| Year: | Make: | | Model: |
| Emergency Contact | | | |
| Name | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Relationship: Religion: Applicant Signature: Date: | | | |
| Military Service (not required for Membership) | | | |
| Are you a U.S Military Veteran Yes\_\_\_\_\_ No\_\_\_\_\_ Are you an Active member of the U.S. Military: Yes\_\_\_\_\_ No\_\_\_\_  U.S. Army \_\_\_\_\_ U.S. Navy\_\_\_\_\_\_ U.S. Marine Corps\_\_\_\_\_ U.S. Air Force\_\_\_\_\_ U.S. Coast Guard\_\_\_\_\_ U.S. Merchant Marines\_\_\_\_\_\_  Retired: Yes \_\_\_\_\_N\_\_\_\_\_\_\_ Possess a DD214? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Viewed:\_\_\_\_\_\_\_\_\_\_\_(initials) | | | |
| peace officer, firefighter, EMERGENCY medical worker status information (not required for membership) | | | |
| Agency: | Title: | | Active or Retired: |
| Chapter Information | | | |
| **CHAPTER STATE:** | **CHAPTER** |
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| tO BE COMPLETED BY AN EXECUTIVE officer I Have reviewed this application form from the above application and certify that his/her membership application has been approved and verified for acceptance for membership. | | | |
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| Chapter Executive Signature | | | Date: |
|  | | |  |
| I swear and affirm that the potential member has met all the requirements for membership in our new by-laws, for membership. | | |  |
| Signature of Chapter President | | | Date: |
| Signature of Member | | | Date: |