| 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**  |
|  |
| tO BE COMPLETED BY AN EXECUTIVE officerI 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: |