

# RED KNIGHTS NY 25 MEMBERSHIP APPLICATION

## CONTACT INFORMATION

Last Name:		First Name:	
Street Address:			
Mailing Address:			
City:	State:	ZIP Code:	
Tel:	Cell:	Texting OK?	
Email Address:			

## MEMBERSHIP TYPE

- There are three membership types available. Please read each and select one of the following:
- Active Member – any fireman in good standing in his/her department with a valid motorcycle license.
  - Social Member – an immediate family member or partner of a club member.
  - Associate Member – not a fireman or immediate family member of another member.

## MEMBERSHIP QUALIFICATIONS

Fire Department:	Company:
Name of Sponsor (if social):	Relationship:
Motorcycle license # (9 digits):	

## EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## AFFIRMATION

I hereby request to become a member of the Red Knights Motorcycle Club of New York Chapter 25, hereinafter known as the "club".

If Admitted, I agree to support, maintain and abide by the Bylaws, Rules and General Regulations of the club. I also agree upon ceasing to be a member of the club to return all properties that may be in my possession belonging to the club. I agree to assume the duties and obligations of the club or I shall forfeit all of the rights of membership.

Signature of applicant:	Date:
Signature of sponsor (if social):	Date:

## RKNY25 USE

Date Received:	Time Received:
I hereby certify that this application was accepted and membership approved by election.	
Signature:	Date: