Application for Membership

Date: _____
Name: _____
Address: _____
Phone: _____ **Mobile:** _____
Email: _____
Dept. Affiliation: _____
Chief Name & Phone: _____

Membership Type Requested: *Active* *Social* *Associate* *Honorary*

Annual Dues are $20.00, payable when application is approved. Active, Associate and Honorary applicants must show proof of a valid Class M license or Class M permit; Active and Honorary applicants must show proof of membership in a valid fire department or ambulance corps.

RKMC NY19 Sponsor _____

I, the undersigned, do hereby apply for membership in the Red Knights International Motorcycle Club, New York Chapter XIX. I agree to abide by the bylaws of RKMC International, as well as the rules and regulations governing RKMC NY19. I further understand that the decision of the Membership committee and the voting membership of NY19 is final and that if my application is rejected I may re-apply in 60 days.

Signature _____ **Date** _____

Are you currently a member of any other motorcycle oriented group or club? Yes No

If Yes, please indicate group or club: _____

Have you ever been a member of any other motorcycle oriented group or club? Yes No

If Yes, please indicate group or club: _____

Please indicate other social clubs of which you are a current or former member:

_____

All applications are held for 30 days before any action is taken.

Membership Committee Use Only:

The above individual has provided the following documentation for membership:

____ Membership Dues ____ Proof of valid Class M license or permit

____ Proof of current, retired, or life membership of a valid fire department or EMT Ambulance corps **OR** FD membership validated by Chief Officer

This application has been: *Approved* *Rejected* *Tabled*

Membership Committee Chair Signature: _____

Mail application attention to: **President, RKMC NY 19**
PO Box 1794
Utica, NY 13503