



Your Picture →

Application Date: _____ **APPLICATION FOR MEMBERSHIP- (Social Member)**

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: M ___ F ___

Home Phone: _(____) _____ Cell Phone: _(____) _____

E-Mail: _____ Work E-Mail: _____

Emergency Contact Information:

Home Phone #: _____

Name of Contact: _____ Cell Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Driver License Information:

Driver License #: _____ Date of Birth: _____

Motorcycle Information:

Cycle Info: Make: _____ Model: _____ Year: _____ License Plate: _____

Age Group:

18 – 20

21 – 30

31 – 40

41 – 50

51 – 60

61 and up

Emergency Service:

Vol. Firefighter

Prof. Firefighter

Other: _____

EMS, First Aid

Forest Fire Service

Chapter-Dues: **\$25.00** A Year, Significant-Other **\$5.00** Patches: **\$45.00** Includes Maltese cross, Top & Bottom Rocker

All members are required to pay their dues by the first meeting of each year. Any applicant who joins on July 1, of the year of the application, will pay half the dues for that year. All members who are paid firefighters or volunteer firefighter will be required to purchase their patches within three months of their application date.

I _____ do here by acknowledge that the information on this application is accurate and truthful. I further acknowledge that I will abide by the rules and regulations set forth by the membership of this chapter. I also acknowledge that I will follow the rules and regulations of the **Red Knights International Firefighters Motorcycle Club**.

Active Member Sponsor Signature: _____ Date: _____

Applicants Signature: _____ Date: _____