

RED KNIGHTS INTERNATIONAL

Motorcycle Club
New Jersey Chapter 20
www.rkmcnj20.org



APPLICATION FOR MEMBERSHIP

Date of application: _____

Name: _____

Address: _____

City: _____ County: _____ Postal Code: _____

Phone: (HOME) _____ (CELL) _____ (WORK) _____

Email: _____ Date of Birth: _____

Motorcycle Year: _____ Make: _____ Model: _____

Fire Department Affiliation: _____

Chief / Supervisor: _____ Phone # _____

Red Knight Sponsor: _____ Phone # _____

Member Status: Active _____ Retired _____ Not a firefighter _____

Division of Fire Safety ID # _____

I, the undersigned, do hereby apply for membership in the Red Knights International Motorcycle Club New Jersey Chapter 20. I certify that I am over the age of 18, and agree to abide by the Red Knights International Motorcycle Club Constitution and By-Laws and the rules and regulations governing this Local Chapter. I agree that all vest patches are Property of Red Knights International Motorcycle Club New Jersey Chapter 20 and will remain with the Chapter if I am no longer a member.

Liability Waiver: I also agree to wave and not hold any Officer or Member responsible for any injury or Equipment damage while at or to or from a meeting or ride.

Signature of Applicant: _____ Date: _____

Signature of Sponsor: _____ Date: _____

Application Fee of \$35.00 due upon submission

Purchase of Colors required at the time of approval

Active Member: _____ Social Member: _____ Associate Member: _____

Application Approved: _____ Rejected: _____

Signature: _____ Date: _____