

# Knights of life MC

374 Sheafe Road  
Wappingers Falls, NY  
12590

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PAGER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEARS RIDING: \_\_\_\_\_ MSF COURSE: Y/N BASIC: \_\_\_\_\_ ERC: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

MAKE, MODEL, YEAR OF MOTORCYCLE (S): \_\_\_\_\_

DL#: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

**PLEASE FURNISH A COPY OF YOUR DRIVERS LICENSE AND INSURANCE CARD**

**AMA MEMBER? YES / NO**

MEMBERSHIP # \_\_\_\_\_ EXP DATE: \_\_\_\_\_ YEARS OF MEMBERSHIP: \_\_\_\_\_

HEALTHCARE AFFILIATION: \_\_\_\_\_

*(I.E. EMT, DOCTOR, NURSE, PARAMEDIC, OTHER)*

LIST ANY HEALTHCARE CERTIFICATIONS: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

WERE YOU EVER A MEMBER OF THE *Knights of life MC* BEFORE? \_\_\_\_\_

IF YES, GIVE DATES: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

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## FOR CLUB USE ONLY:

RECEIVED ON: \_\_\_\_\_ BY: \_\_\_\_\_

APPLICATION FEE RECEIVED: \_\_\_\_\_ DUES RECEIVED: \_\_\_\_\_

ACCEPTED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

COLORS ISSUED/RETURNED: \_\_\_\_\_ PAID FOR: \_\_\_\_\_