



Red Knights

International Motorcycle Club
New York Chapter # 8



Application for Membership

Date of Application: _____
Name: _____
Address: _____
City, State, Zip: _____

Telephone: Home: _____
Work: _____
Cell: _____

Motorcycle: Manufacturer: _____
Model: _____
Year: _____
Displacement: _____
License Plate#: _____

Years Riding: _____

Fire Department Affiliation

Fire Department: _____
Company: _____
Member Status(Active, Life Assoc, etc) _____
Verification (Chief or Officer) _____

Please fill out application and return with \$15.00 Application Fee and Dues (amount to be determined) at monthly meeting.

Investigating Committee approval YES NO

Approved for Membership: _____

Thank you for your interest and Ride Safe. 1983