

RED KNIGHTS

INTERNATIONAL MOTORCYCLE CLUB
NEW YORK CHAPTER # 8



APPLICATION FOR MEMBERSHIP

DATE OF THIS APPLICATION: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE(HOME) _____ (CELL) _____ (WORK) _____

MOTORCYCLE

YEAR _____ MAKE _____ MODEL _____

YEARS RIDING _____ AMA MEMBER # _____

FIRE DEPARTMENT AFFILIATION

FIRE DEPT _____

MEMBER STATUS

ACTIVE _____ CAREER _____ LIFE _____ ASSOC _____

VERIFICATION(CHIEF OR OFFCER IN CHARGE)

NAME _____

PLEASE ENCLOSE WITH YOUR APPLICATION A MONEY ORDER OR CASH IN THE AMOUNT OF \$25.00 (\$15.00 APPLICATION FEE & \$10.00 ANNUAL DUES) MADE PAYABLE TO 'LYLE SCALZO' AND MAIL TO

LYLE SCALZO
RKMC/NY#8
175 MAPLE STREET
CROTON N.Y. 10520

THANK YOU FOR YOUR INTEREST AND SAFE RIDING!