

GREENSBORO CHAPTER



APPLICATION FORM

Full Name: _____
Last First M.I.

Address: _____
Street/Apartment # City State Zip Code

Sponsor: _____ Biker Name: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____

Birth Date: _____ Sex: M ___ F ___ Years of Riding Experience: _____

Spouse's Name _____ Date of Marriage: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last First Relationship

Address: _____
Street/Apartment # City State Zip Code

Primary Phone: _____ Cell Phone: _____

MOTORCYCLE INFORMATION

Make: _____ Model: _____ Year: _____ CC's: _____

State: _____ Tag Number: _____ Motorcycle Endorsement: Y / N

Insurance Information: _____

PLEASE DO NOT WRITE IN THIS SECTION:

Date of Prospective Membership: ____/____/____ Date of Full Membership: ____/____/____

Date Application Rejected: ____/____/____

Reason(s): _____

AUTOBIOGRAPHY

May the above information be used on our Website? Y____ N____

Please explain why you are interested in becoming a member of the Greensboro Buffalo Soldiers Motorcycle Club.

I fully understand that the Chapter Colors purchased by me are the property of The Club and must be returned to The Club upon my departure.

Prospective Member Signature: _____ Date: ____/____/____

Sponsor's Signature: _____ Date: ____/____/____

VP Signature: _____ Date: ____/____/____