

BUFFALO SOLDIERS
Motorcycle Club
CENTRAL MARYLAND

Upon completion of this application, please email to
jamespa308@verizon.net

Membership Application

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jamespa308@verizon.net

Personal Information

Biker:
Full Name: _____
Last *First* *M.I.*

Address:
_____ *Street Address* _____ *Apt/Unit #*
_____ *City* _____ *State* _____ *ZIP Code*

Member Sponsor: _____ **Chosen Biker Name:** _____

Home Phone: () _____ **Mobile Phone:** () _____

E-mail Address: _____

Birth Date: _____ **Sex:** M F **Years of Riding experience:** _____

Spouse's Name: _____

Emergency Contact Information

Full Name: _____
Last *First* *Relationship*

Address: _____
Street Address _____ *Apt/Unit #*
City: _____ *State:* _____ *ZIP Code:* _____

Primary Phone: () _____ **Cell Phone:** () _____

Motorcycle Information

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

V I N: _____

State: _____ **Tag Number:** _____

Insurance Info: _____

Automobile Information

Make: _____ **Model:** _____ **Year:** _____

V I N: _____

State: _____ **Tag Number** _____

Insurance Info: _____

Trailer Information

Make: _____

V I N: _____

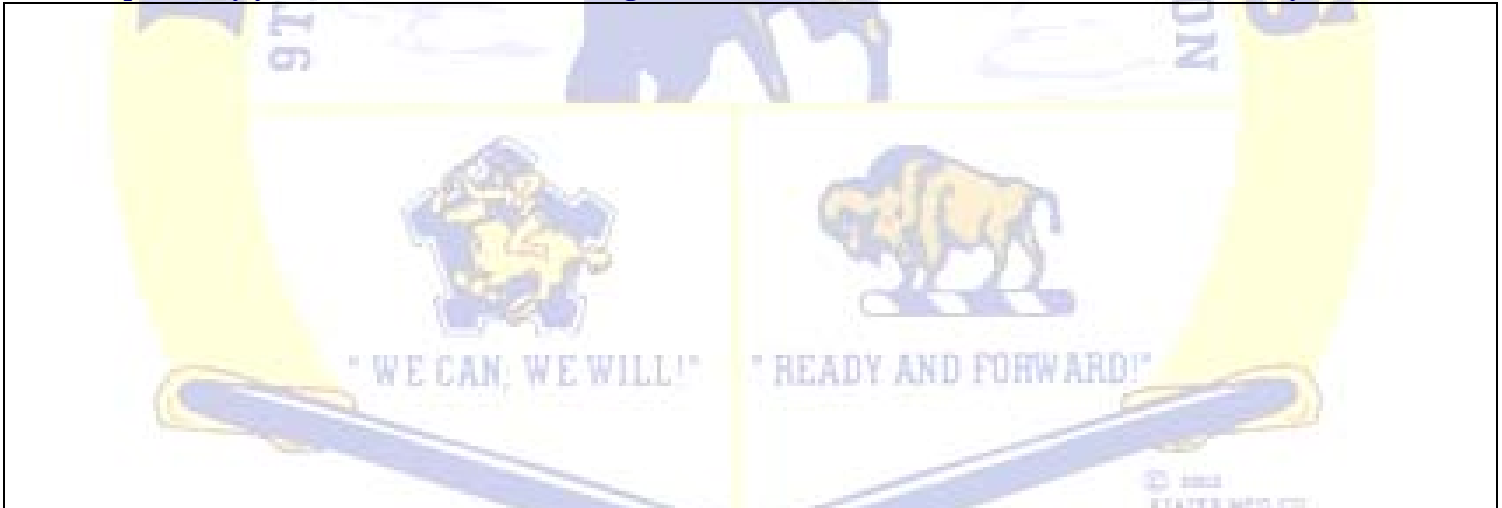
State: _____ **Tag Number:** _____

Autobiography

May this information be used on our Website? Y N

(You may optionally provide a digital photo)

Please Explain why you are interested in becoming a member of the Buffalo Soldiers M/C Central Maryland?



I fully understand that the chapter colors purchased be me are the property of The Club must be returned to **The Club** upon my departure regardless of reason.

Signature: _____ Date: ____/____/____

Witnessed: _____ Date: ____/____/____

Please do not write in this section

Application Accepted: ____/____/____

Probation Starts: ____/____/____

Probation Ends: ____/____/____

Membership Status: _____

On: ____/____/____

Application Rejected: ____/____/____

Reason(s): _____