

BUFFALO SOLDIERS

Motorcycle Club

CENTRAL MARYLAND

Membership Application

PERSONAL INFORMATION

Biker Full Name:			
Current address:	City:	State:	ZIP Code:
Member Sponsor:			
Chosen Biker Name:	Home Phone:	Mobile Phone:	
Email:	Birth Date:	Sex: M	F
Years of Riding Experience:			
Spouses Name			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	

EMERGENCY CONTACT

Last:	First:	MI:
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

MOTORCYCLE INFORMATION

Make:	Model:	CCs:
VIN:	State:	Tag#:

AUTOMOBILE INFORMATION

Make:	Model:	CCs:
VIN:	State:	Tag#:

TRAILER INFORMATION

Make:	Model:	CCs:
VIN:	State:	Tag#:

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AUTOBIOGRAPHY



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 by 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:** ____/____/____

Membership Status: _____ **On:** ____/____/____

Application Rejected: ____/____/____ **Reason(s):**

