

NY 21



NY 21

Membership Application

Name: _____ Date: _____

Address: _____ Apt. #: _____

City: _____ Zip: _____

Phone #: _____ Mobile #: _____

Email: _____

Fire Company Affiliation: _____

Sponsor (for Social, Honorary, or Associate Memberships only): _____

Membership Type (Circle One)

Active

Social

Honorary

Associate

I, the undersigned, do hereby apply for Membership in the Red Knights International Motorcycle Club, New York 21 Chapter. I agree to abide by the Constitution and By-laws of the Club and the rules and regulations governing Membership.

Signature: _____ Date: _____

Annual Dues: \$15.00 (Membership is from January 1st to December 31st)

Membership Committee Use Only:

Application: Approved Rejected Signature: _____

Dues Received: _____ Date: _____

Please return completed application with dues to:
Kim Baker, Secretary RKNY21, 276 Summit Ave., Orchard Park, NY 14127