



Red Knights International Motorcycle Club

New York Chapter 21

Membership Application

Name: _____

Date: _____

Address: _____

Apt./Unit #: _____

City: _____

Zip: _____

Cell Phone: _____

Home Phone: _____

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 Chapter 21. I agree to abide by the Constitution and By-laws of the Club and the rules governing Membership.

Signature: _____ Date: _____

Annual Dues (January 1 to December 31, 2018): Single \$25 Family \$45

Membership Committee Use Only:

Application: Approved Rejected Signature: _____

Dues Received: \$ _____ Date: _____

Return completed application with dues to:

RKNY21Secretary, Firemen's Memorial Exhibit Center, 4141 Seneca St., West Seneca, NY 14224