

BUFFALO SOLDIERS MEMBERSHIP APPLICATION

PLEASE FILL OUT ALL INFORMATION

Name (include middle initial):		
Your chosen biker name:		
Address:		
Home #:	Cell #:	Business #:
Age:		
E-mail address:		
Emergency contact:	Relationship:	
Contact's phone #:		

Are you applying for FULL, ASSOCIATE, or HONORARY Membership? (Please circle one)
Brief history of yourself: (include any military service, current employment, and any membership in other motorcycle clubs)

Are you legally licensed to operate a motorcycle?			
Do you currently own a motorcycle?		If so please provide info below	
Type:	Year:	Model:	CCs:
Years of riding experience:			

Explain why you are interested in becoming a member of the NJ Buffalo Soldiers Motorcycle Club

I fully understand that the chapter colors purchased by me are the property of the NABSTMC and must be returned to the chapter upon my departure regardless of reason.

Signature:	Date:
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