

Buffalo Soldiers Membership Application

PLEASE FILL IN ALL INFORMATION

Name (include middle initial):		
Your chosen biker name:		
Street Address:		
City/State/Zip Code:		
Home #:	Cell:	Business#:
Age:	E-Mail Address:	
Emergency Contact Name:		Relationship:
Emergency Contact #:		

Please give a brief history of yourself (including military service, current employment, and membership in any other motorcycle clubs).

Are you legally licensed to operate a motorcycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you currently own a motorcycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide info below:
Type:	Model:	Year:	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 NABSMC and must be returned to the chapter upon my departure regardless of reason.

Signature: _____

Date: _____