



**NH CHAPTER 6
APPLICATION FOR MEMBERSHIP**

NAME: _____ **DATE OF APPLICATION:** __/__/__
 LAST FIRST MIDDLE

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____ **PHONE:** (____) _____ - _____

CELL PHONE: (____) _____ - _____ **EMAIL:** _____ @ _____

CHAPTER SPONSOR: _____ **CHAPTER #:** _____

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FIRE SERVICE AFFILIATION: _____

FIRE SERVICE AFFILIATION ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FIRE SERVICE CONTACT : _____ **PHONE:** (____) _____ - _____

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I, the undersigned, do hereby apply for membership to the New Hampshire Chapter 6 of the Red Knights International Motorcycle Club, Inc.
By signing this application, I agree to abide by the chapter by-laws and the rules, regulations, and constitution of the Red Knights International Motorcycle Club Inc. if membership is granted to the applicant. The application fee is \$ 10.00 and is non-refundable and the annual dues are \$ 25.00 for active members and \$20.00 for social members. Application fee and first year dues must accompany completed application.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF CHAPTER SPONSOR: _____ **DATE:** _____