



NEW APPLICANT CHECK LIST:

CHAPTER: _____

APPLICATION DATE: _____

APPLICANT NAME: _____

ROAD NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

D/L# & STATE: _____

MEMBERSHIP TYPE:

- LAW ENFORCEMENT
- MILITARY
- FIRE/RESCUE/EMT
- CIVILIAN PATRIOT
- ASSOCIATE

BIKE DESCRIPTION:

(Year, Make, Model & Color)

DOCUMENT CHECKLIST: *(As Applicable for Membership Type)*

ITEM:

- Application & Background Fee
- Driver's License Copy with Motorcycle Endorsement
- Copy Motorcycle Registration
- Copy Current Insurance
- Concealed Weapons Permit or LE Credentials
- Copy DD Form 214
- Firefighter / Rescue Credentials
- LE Credentials
- Associate or Civilian Patriot

DATE RECEIVED:

Sponsor: _____

(Other Miscellaneous Document Provided)

BACKGROUND CHECK: *(Completed By National Board)*

Date Completed: _____ By: _____ Approved: _____

Notes:

RECRUIT ASSESSMENT:

Recommend 6-month assessment and attendance to 3 MFC MC Club Functions.

Date:	Function:	Notes:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all social media pages, i.e. Facebook,
Instagram and Snap Chat profiles.

DATE OF CHAPTER VOTE: _____

- MEMBERSHIP:
- APPROVED
 - DENIED

Swearing-in Date: _____