

National Associations of Buffalo Soldiers Motorcycle Clubs CENTRAL FLORIDA, CHAPTER



Type of Membership Applying for: () MEMBER () ASSOCIATE MEMBER

NAME: _____ Date: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

DOB: _____

AGE: _____

HOME PHONE: _____

CELL: _____

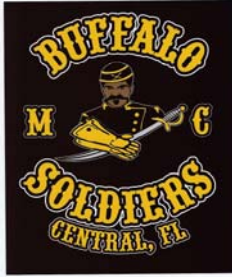
PAGER: _____

WORK: _____

E-MAIL: _____

BIO OF YOURSELF: (Include my Military/Law Enforcement service, current employment and membership in any other organization(s) and/or motorcycle club(s).)

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Are you or have you been legally licensed to operate a motorcycle? YES () NO ()

Do you currently own a motorcycle? YES () No ()

Motorcycle Make: _____ Motorcycle Model: _____

Riding Experience: _____

Why are you interested in the Buffalo Soldier's Motorcycle Club?

PLEDGE

I PLEDGE TO ABIDE BY ALL NATIONAL AND CHAPTER BY-LAWS, RULES AND DIRECTIVES OF THE BUFFALO SOLDIERS MOTORCYCLE CLUB.

Signature: _____

Date: _____

Print Name: _____

If Applicable: - Please attach copy of DD Form 214 or Police Certification.