

REMNANT SONS MOTORCYCLE CLUB

APPLICATION FOR MEMBERSHIP

Name:		
Date of birth:	Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
E-Mail:	Date Saved:	Road Name:
Spouse's Name:		Road Name:
Children's Name:		Age
Children's Name:		Age
Children's Names:		Age
Children's Names:		Age

MOTORCYCLE INFO

Former Club Affiliation:			
Own a Motorcycle Y N	Make:	CC's:	Valid Driver's License Y N
Motorcycle Endorsement Y N	Exp Date:	Restrictions?	Registration & Insurance Y N

CHURCH HISTORY

Name of Church Attending:		Pastor's Name:	
Address:	City	State:	Zip Code
Web	How Long Attending:	Member Y N	Position (if any)
Other Ministry Involvement (if any):			

EMERGENCY CONTACT INFO

Name of Relative not residing with you:		Relationship:	
Address:	City	State	Zip Code
Phone:	Cell Phone:	Email:	

MOTORCYCLE ACCIDENT CONTACT AUTHORIZATION

It is unfortunate but accidents do occur and it has been our experience that hospitals are reluctant to grant visitation or release condition information to non-relatives. This waiver authorizes hospital staff to allow visitation of RSMC members and to receive condition information to relay to family members. This waiver DOES NOT provide RSMC members with the right to make patient decisions normally the responsibility of a spouse or legal guardian.

Member's Name:	Signature:	Date:
Spouse's Name:	Signature:	Date:
Legal Guardian's Name:	Signature:	Date:

CHAPTER RECORD

The above individual has been interviewed and understands the purpose and mission of the Remnant Sons MC.

Chapter President:	Date:
Hang Around Date Started	Prospect Date
	Patch Date:
