

**Red Knights International
Firefighters Motorcycle Club
Pennsylvania Chapter # 17
P.O. Box 481
Pottstown, PA 19464**

Membership Application

(PLEASE PRINT)

Name (Last, First) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone (Home) _____ **(Cell)** _____ **(Nextel ID)** _____

E-Mail Address _____

Age _____ **D.O.B.** ____/____/____ (mm/dd/yyyy)

Emergency Contact: _____ **Phone:** _____

Membership Type Active ____ Social ____ Associate ____ Honorary ____

Fire Company Affiliation _____

(Required for Active Membership)

Chief/Supervisor _____ **Phone** _____

Fire Dept. Status Active ____ Social ____ Retired ____

Paid ____ Volunteer ____ Military ____ Industry/Brigade ____

I, the undersigned, do hereby apply for membership in the Red Knights International Motorcycle Club, Pottstown, Pennsylvania Chapter # 17. I agree to abide by the Red Knights International Motorcycle Club Constitution and By-Laws and the rules and regulations governing this Local Chapter.

Liability Waiver: I also agree to wave and not hold the club, (Local or International), any Officer or Member responsible for any injury or equipment damage while at, to or from a meeting or motorcycle ride or event.

Signature of Applicant: _____ **Date** ____/____/____

First years Dues of \$20.00 for all memberships needs to be submitted along with this application.

“LOYAL TO OUR DUTY”

www.redknightspa17.com

www.rkpa17.com