



**Red Knights International
Firefighters Motorcycle Club, Inc.
Pennsylvania Chapter # 17
PO 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 ___ Retired ___ Volunteer ___

Paid ___ 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 \$25.00 for all Memberships needs to be submitted along with this application.

“LOYAL TO OUR DUTY”