

Kentucky Buffalo Soldiers MC Membership Application

1. Name: _____ AKA: _____

2. Address: _____ City _____ State _____ Zip _____

3. Phone: _____ Cell _____

4. Email Address: _____

5. Occupation: _____

6. Marital Status: _____ Number of Children _____ Spouse Name _____

7. Military Affiliation: _____ Years of Service _____

8. Do you agree to a criminal background check at your expense? Yes ___ No ___

9. Do you own a motorcycle 750cc or higher? Yes ___ No ___

If yes, Year _____ Make _____ Model _____

If no, are you willing to purchase one within 6 months of acceptance into the club? Yes ___ No ___.

(Does not apply to Associate Applicants).

10. Are you now or have you ever been a member of another Motorcycle Club? Yes ___ No ___

When _____ Name of Club _____

11. Tell us why you would like to be a member of the Buffalo Soldiers Motorcycle Club:

12. The following information requested is needed for the back ground check ONLY. The information will be kept in a secure space and will be reviewed by the President and Vice President.

Date of Birth _____ **SSN** _____

13. Do you have any health issues that may require assistance Yes _____ **No** _____

Explain _____

14. Emergency contact information:

Name _____ **Address** _____

Phone _____

15. I fully understand that the chapter colors purchased by me are the property of the National Association of Buffalo Soldiers Motorcycle Club, (NABSMC) and must be returned to the chapter if I resign my membership or quit without informing my chapter of my departure.

16. The Buffalo Soldiers logo is solely the registered trademark of the NABSMC. Permission to use this image must be granted by Ken Thomas (Founder).

Signature _____ **Date** _____

(Please complete and give to any member)