



NEW YORK CITY FIRE RIDERS MC

Junius "Lou" Rahn – President Emeritus

PRESIDENT James Finnell R4 ret. **VICE PRESIDENT** Thomas Dowdle E-205 **SECRETARY** Stephen Bumb BFI ret.

TREASURER Robert Thomson BFI ret. **SGT.at ARMS** Steve Cycan L116 ret. **ROAD CAPTAIN** Cameron Peek R2

Est. 1985

Thank you for your interest in joining the **NEW YORK CITY FIRE RIDERS MC**. The Club is open to active and retired FDNY uniformed members. The purpose of this Club is to promote motorcycle ownership and use among its members; to promote fellowship and recreation; to enhance the welfare of the Club, the FDNY community, and the common good.

*****NOTE*** ALL NEW APPLICATIONS MUST BE FILLED OUT, PRINTED AND RETURNED, IN PERSON AT A REGULAR SCHEDULED MEETING. LOCATIONS AND TIMES WILL BE POSTED ON OUR WEBSITE, www.nycfireriders.com MEMBERSHIP APPLICATIONS ARE NO LONGER ACCEPTED VIA REGULAR MAIL, ONLY RENEWALS! ALL APPLICANTS SHOULD REVIEW THE BY-LAWS CONCERNING MEMBERS IN GOOD STANDING, CLUB COLORS, AND CLUB BENEFITS WHICH ARE ALL ON THE WEBSITE.**

MEMBERSHIP TYPE (check all that apply)

NEW MEMBER (\$75) _____ RENEWAL (\$50) _____ LATE FEE after 1/31 (+ \$10 TO RENEWAL) _____

RED KNIGHTS (OPTIONAL)

NEW MEMBER (\$23) _____ RENEWAL (\$20) _____ (NO PAYMENT ACCEPTED AFTER 1/30)

(RENEWAL ONLY!!!) MAKE CHECKS PAYABLE TO: NYC FIRE RIDERS P.O. Box 540 Wantagh, N.Y., 11793

TOTAL AMOUNT ENCLOSED _____

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # (____) _____ Cell # (____) _____ Email Address _____

RANK _____ ACTIVE _____ (IF YES, WHERE _____) RETIRED _____

Please list all assigned companies (start with the most recent) _____

Are you currently with a CLUB? _____ (IF YES, WITH WHO) _____

(WHERE) _____

(BEST GUESS, WHAT MONTH/YEAR) _____

Bike INFO (1st.) MAKE _____ MODEL _____ YEAR _____

(2st.) MAKE _____ MODEL _____ YEAR _____

Sponsor's Name (MUST BE PATCHED AND IN GOOD STANDING) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Primary Phone # (____) _____ Cell # (____) _____ Work # (____) _____

***BY SIGNING THIS FORM YOU AGREE THAT YOU WILL ADHERE TO THE TERMS OF THIS CLUB AND ITS BY-LAWS. ALL CLUB COLORS ARE TRADEMARKED AND PROPERTY OF THE NEW YORK CITY FIRE RIDERS MC.**

SIGNITURE OF NEW MEMBER _____ DATE _____

**"RIDE WITH THE BRAVEST" 9/11/01 NEVER FORGET 343
NEW YORK CITY FIRE RIDERS MC
P.O. BOX 540 WANTAGH, N.Y. 11793**