



NEW YORK CITY FIRE RIDERS MC

Junius "Lou" Rahn – President Emeritus

PRESIDENT James Finnell R4 (ret)
TREASURER Robert Thomson BFI (ret)
SGT.at ARMS Greg Batkay L133 (ret)

VICE PRESIDENT Thomas Dowdle E-205
SECRETARY Robert Pav L110 (ret)
ROAD CAPTAIN Mike Regan E53 (ret)

NEW YORK CITY FIRE RIDERS MOTORCYCLE CLUB Inc.
(aka RED KNIGHTS INTERNATIONAL MC – NEW YORK CITY CHAPTER 1)

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 printed, filled out, and returned In Person. at a General Membership meeting. Locations and times will be posted on our website, www.nycfireriders.com All Applicants must review the By-Laws Concerning: Members In Good Standing, Club Colors and Club Benefits, which can be found on the Website. New Membership Applications are not accepted via regular mail, only Renewals.**

First Name _____ MI _____ Last Name _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email Address _____

MEMBERSHIP TYPE (check all that apply)

NEW MEMBER (\$75) _____ Renewal (\$50) _____ Renewal Late Fee after 1/31 (+ \$10) _____

RED KNIGHTS (OPTIONAL)

NEW MEMBER (\$23) _____ Renewal (\$20) _____ (No Payment accepted after 1/30)
Total Amount Enclosed _____

Make Checks Payable to NYC FIRE RIDERS MC
P.O. Box 540 Wantagh, N.Y., 11793

PERSONAL INFORMATION

Rank _____ Active _____ If YES, Where) _____ Retired _____

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

Are you currently with a CLUB? _____ (If YES, Name of Club) _____
(Where) _____
(What Month/Year) _____

Were you a member of Past CLUBs? _____ (If YES, Name of Clubs) _____

1st Bike Info Year _____ Make _____ Model _____

2nd Bike Info Year _____ Make _____ Model _____

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 _____

Meeting Date where Introduced to New York City Fire Riders _____ Date _____

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