



Authorized Representative Only:

State: \_\_\_\_\_

Chapter: \_\_\_\_\_

## Membership Application

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_--\_\_\_\_--\_\_\_\_

Email Address: \_\_\_\_\_

Do you own a Motorcycle: \_\_\_\_\_ (Not required for membership)

If so: Motorcycle Club: \_\_\_\_\_ Chapter: \_\_\_\_\_

By signing this agreement and paying application fee, I do hereby authorize Bikers Against Abuse to complete a background check upon me. Furthermore, I understand that paying the \$50.00 non-refundable application fee does not guarantee me membership into Bikers Against Abuse.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MUST BE SIGNED IN BLUE INK