

# Application Form

The Blue Brothers® Motorcycle Club was established on September 1, 2015 in the Southern Tier of New York. The founding members of this club consist of retired police, firemen and officers of the court, or those who were called upon to assist law enforcement. Having reviewed the options of joining an established club, or beginning with a fresh new start, we choose the fresh start. Blue Brothers Sothern Tier concluded that we did not want to be like those clubs with rules that did not allow our brothers to ride with us because of the make or model of their Motorcycle or their gender. We look forward to being brothers to other LEMC’s. We are a non-profit organization that supports “ALL” Public Safety and Military Motorcycle Clubs and will respect the colors they wear. We are not affiliated with Harley Davidson nor any other motorcycle company or 1% club. Our logo signifies what we stand for: A blue line that cannot be crossed. We hold the line against violence and victimization by criminals, we will defend and if need be, give our lives for the innocent public who would be victimized by the wolves in the night.

I have received and read and do herby agree to abide by the rules and regulations set forth in the Blue Brothers LEMC Motorcycle Club Constitution and By-Laws. This includes the club patches which belong exclusively to the club, and upon membership termination must be returned to the club without a monetary refund. I am fully aware that if it becomes necessary to enter into legal action to collect any Blue Brothers LEMC Motorcycle Club property, all reasonable court costs and attorney fees will be my sole responsibility, for both the Blue Brothers LEMC Motorcycle Club and I.

I understand and agree that all Blue Brothers LEMC Motorcycle Club members and guest(s) participate in club activities at their own risk. I understand that should I bring a guest on a club event, it is my responsibility to receive approval from a member of the Board of Officers, provide a liability waiver form to my guest and explain the club rules and/or regulations to said guest.

I agree that the Blue Brothers LEMC Motorcycle Club, its Executive Board of Directors, Board of Officers and/or its collective membership shall not be held liable or Responsible for damages to my property, or injury to any person, including myself, incurred during any club activity I have chosen to participate in. I understand that this waiver of liability is inclusive, even when the damage or injury is the result of perceived negligence by the activity organizers.

I agree to submit my agency credentials, motorcycle insurance, registration, and a valid driver’s license along with the application for review by members of the Executive Board of Directors.

Furthermore, by signing this application I agree to all terms and agreements set forth by the Blue Brothers LEMC Motorcycle Club Constitution and By-Laws, Executive Board of Directors, Chapter Board of Officers, the Membership and policies. I also agree to pay all club dues and fees promptly.

(CHECK ONE) LAW ENFORCEMENT: \_\_\_\_\_\_\_\_\_ FIRE DEPT. PERSONNEL: \_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELLPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RANK/TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAKE/MODEL/YEAR OF MOTORCYCLE:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE READ AND AGREE TO ABIDE BY THE CLUB CONSTITUTION, BY-LAWS AND LIABILITY WAIVERS.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*OFFICE USE ONLY: NAME & SIGNATURE OF REVIEWING MEMBER:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mail apps to* : Bull

305 Maryland Ave

Endwell NY 13760