**Original Gents Membership Form**

Please fill out this form with the following information. **All required fields must be filled out.**

Required Information: (Please circle your answer)

\*Are you 21 years of age or older and live in the KC area? (Yes/No)

\*Do you agree to meet with a member of the club to go over the rules of the club? (Yes/No)

\*Are you interested in being a Road Capitan? (Yes/No)

\*Are you interested in being a Volunteer Coordinator? (Yes/No)

\*Do you consent to your picture being taken and posted to various social media accounts? (Yes/No)

\*Do you prefer email or phone contact? (Text Message/ Email)

|  |  |
| --- | --- |
| Preferred Name (First and Last name): |  |
| Facebook Name (If different than above.): |  |
| Pronouns: |  |
| Name desired for front patch: |  |
| Make/Model of your current motorcycle: |  |
| Phone number: |  |
| Email Address: |  |
| Full Home Address: |  |
| T-shirt/Hoodie size: |  |

Emergency Contact (First/Last/ Phone Number):

Optional Information-
Do you have a REVER account? (Yes/No) (If "Yes" please provide your username.)

Favorite beer or drink:
Any other information you wish to provide: