



RALEIGH BUFFALO SOLDIER MOTORCYCLE CLUB APPLICATION

APPLICANT INFORMATION

Name (First, Middle, Last):		
Riding Name (If applicable):	Mobile Phone:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Email	Age	Married (Yes or No)
Are you applying for Full or Associate Membership:		

TRANSFER FROM NABSTMC CHAPTER

Chapter Name:		
Address:		President's Name
City:	State:	Zip Code
Phone:	Email:	Were you in good standing:
BSMC Date of Membership	BSMC Full or Associate	
Are you or have you been a member of another motorcycle organization?		
Other Club Name and Address		

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

LEGAL

Have you ever been convicted of a crime? (Yes or No):

MOTORCYCLE INFORMATION

NOTE: For full membership, the applicant must have a motorcycle of 750cc or greater, valid vehicle registration, a valid motorcycle endorsement and proof of insurance. Applicant must complete Raleigh BSMC membership requirements.

Type Motorcycle:	Year:	
License Number:	State of Registration:	CB Radio (Yes or No):
Years of riding experience:	Do you have experience riding in formation (Yes or No):	

REFERENCE

Name	Phone
Address	

UPON COMPLETION, EMAIL OR MAIL TO

Email@raleighncbsmc.com	
Buffalo Soldiers Motorcycle Club of Raleigh, NC PO Box 1121 Raleigh, NC 27602	

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
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