

MEMBERSHIP APPLICATION

SOUTHERN LEGENDS MOTORCYCLE CLUB

SPARTANBURG CHAPTER USA

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Cell Phone:

Address:

Nickname:

Drivers License #:

Bike Year:

Bike Make:

Bike Model:

Engine Size: (CC)

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

City:

State:

ZIP Code:

Position:

EMERGENCY CONTACT

Name of a relative NOT residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SPOUSE INFORMATION

Name:

Date of birth:

Phone:

Passenger?:

PAST MEMBERSHIP

Have you ever been a member of another MC?

By signing this application I, as a prospective member or member, agree to all the rules and regulations as set forth by the Southern Legends MC.

I ALSO HEREBY AUTHORIZE THE SOUTHERN LEGENDS MC TO OBTAIN ANY CRIMINAL AND DRIVING HISTORY RECORD INFORMATION WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

Providing false or misleading information on this application may result in criminal prosecution under state, federal, and/or local laws in the jurisdiction which I reside and will result in immediate expulsion from the application process or from membership in the Southern Legends MC if applicable. I also agree that I will forfeit any deposits or monies paid to the Southern Legends MC towards associated costs of membership to include but not limited to membership dues, colors, merchandise, etc..

I also agree that I will be responsible for any criminal or civil legal costs or fees associated with the recovery of any Southern Legends MC club property or Southern Legends MC colors.

SIGNATURE _____

DATE _____

Southern Legends Motorcycle Club A Limited Liability Cooperation