



GREEN KNIGHTS MILITARY MOTORCYCLE CLUB

Chapter Reboot Request



E-mail completed form to: greenknightsmmc@hotmail.com

APPLICANT INFO:

Name: _____ Nickname/Road name: _____

Date: _____

Contact Number: _____ Cell Phone: _____

Home Address: _____

E-mail Address: Primary: Christopher.waller86@gmail.com

Branch of service: (Check all that apply)

Air Force: _____

Army: _____

Navy: _____

Marines: _____

Coast Guard: _____

DoD Civilian: _____

Reserve: _____

National Guard: _____

Retired: _____

Dependent: _____

Other: (please specify) _____

Prior Chapter (List Chapter Number): _____

GKMMC Positions Held: _____

Have you ever had any sanctions, reprimands or orders placed on you within the GKMMC Organization: Yes ___ No ___ If so, add letter of explanation

LOCATION: CHAPTER REQUEST:

Name of Installation/Facility: _____

Country: _____

State: _____

Chapter Number: _____

-----Zone Process-----

Zone Vice President: _____

Review Date: _____

Approval Checklist:

Item	Date Completed
Provide Re-Boot Document	_____

Zone Sgt at Arms Back Ground Check	_____
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By-Laws Approved and Posted	_____
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Trademark Approved	_____
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Commanders Approval Letter	_____
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(If no to By-Laws, TM and CAL, provide an estimated time for completion)

Top Three info provided	_____
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GKMMC Business Office:

Colors on Hand/How Many: _____

Approved // Disapproved

Date: _____

Signature: _____

Printed Name: _____

Concurrence:

International Secretary

Date: _____

Signature: _____

Printed Name: _____