



NABSTMC
MONTGOMERY AL CHAPTER
5160 Jean Street
Montgomery, AL 36107

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Membership Application

Applicant Information (Personal Data Sheet)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Driver License #

City State ZIP Code

Date of Birth: _____ Marital Status: _____ Spouse Name/DOB: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Emergency Contact/Name/Number/Address: _____

Medical Information

Conditions: _____

Medications: _____

Allergies: _____

Insurance Information

Insurance Name: _____ Policy #: _____ Phone: _____

Motorcycle Make:		Motorcycle Model:		Motorcycle Year:	
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Prior Experience

Beginner (2 years or less)	
Intermediate (2 – 5 years)	
Advanced (6-8 years)	
Advanced Experience (8 years or more)	
Have you completed a certified motorcycle safety course?	
Have you ridden with a group?	
What is the farthest distance/miles you've traveled on your motorcycle?	

References

Please list three references

Name/Relationship/Phone: _____

Name/Relationship/Phone: _____

Name/Relationship/Phone: _____

Briefly Tell Us About Your

Hobbies:

Talents / Skills:

Community Resources:

Affiliations with other Organizations:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. All information is voluntary and will be kept confidential. Failure to provide complete information could result in a delay in training, emergency treatment and notification, which is the primary purpose of this document.

Signature: _____ **Date:** _____