

SONS OF VETS RC

Auxiliary Application

Full Legal Name: _____ DOB: _____
Sponsor Name: _____ Road Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone #: _____ Email: _____ Marital Status: _____
Emergency Contact Name: _____ Phone#: _____
Are you active ___ or retired ___ (Law enforcement ___ Military ___ Emergency services ___ Fire ___ Other ___)
Number of Years: _____ Rank: _____ Agency: _____
Current Occupation: _____ Do you have a motorcycle trailer? Yes ___ No ___
Motorcycle Endorsement: Yes ___ No ___ Drivers Licenses State: _____ DL Number: _____
Concealed Weapons Permit: Yes ___ No ___ HR 218 ___ If yes, permit number: _____
Motorcycle Make: _____ Model: _____ Tag#: _____
State of Registration: _____ Insurance Company: _____ Policy #: _____
Have you ever been arrested for a crime? No ___ Yes ___ If yes, explain _____
Have you ever been affiliated with another motorcycle club? No ___ Yes ___ If yes, explain _____

I swear or affirm that everything contained in this document is true and correct to the best of my knowledge and understand that a background investigation will be conducted:

Signature: _____ Date: _____

Platoon Officer Signature: _____ Date: _____

Platoon Name and Officer Title: _____

PLEASE COMPLETE AND RETURN TO NATIONAL PLATOON WITH \$125 FOR PATCHES.

All club patches belong to the SONS OF VETS RC

In event that a member should leave the SONS OF VETS RC all club patches and merchandise are to be returned to the SONS OF VETS RC.

All monies are non refundable.

(FOR USE BY NATIONAL ONLY)

DATE FULL SET OF COLORS ISSUED _____