Bikers Against Trafficking

Application Check list

1. This application must be filled out entirely.
2. This application once completed by the applicant must be delivered to your State (regional) Leader for their signatures and then sent to the National office which will in turn send it to the International Office for processing.
3. The application will be submitted to the International Office in Lake Mary, FL by the State or Nation Leader, if no leader is available then please send it directly to the International Office.
4. An application fee of $125.00 must be attached or paid via PayPal on our website or a money order at the time of submission. (background check fee, back patch, shirt, patch)
5. Applications will not be accepted unless fee has been pre-paid via PayPal link or a money order is attached.
6. A copy of your driver’s license must be attached.
7. Mail to:

Patrick “Doc” Nave

Bikers Against Trafficking

1349 S. International Parkway, Suite 2421

Lake Mary, FL 32746

407-300-8971

 \*Upon the successful completion of your application, the passing of your background check and the completion of basic training and passing the test--you will be sent a back patch and T-shirt.

Bikers Against Trafficking

Membership Application

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Road Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (nat’t ID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tx #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Tx #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State or Nation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Work Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Licenses State: \_\_\_\_\_\_ Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motorcycle Endorsement: Yes No

Concealed Weapons Permit: Yes No

If yes, permit number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motorcycle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company: Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a motorcycle trailer? Yes No

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. I also agree that I have read and understand the membership Handbook/Manual and agree to follow it as my guide while a member of Bikers Against Trafficking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Region or Nation Leader’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Region or Nation Leader’s printed name

Bikers Against Trafficking

 Privacy Statement

We recognize that it is critical for our members to be confident that their privacy is protected when they submit personal information to our organization. Therefore, the below statements describe our privacy practices.

When you provide us with identifiable information, such as your name, e-mail address and other personal information, we may contact you via e-mail to verify this information. We do not sell or share with anyone outside our organization the information you send to us.

We consider your e-mail address and any personal information you provide to be private and this information will be kept strictly confidential within the Bikers Against Trafficking organization. All information will be kept stored under lock and key at the International office.

Your information will be shared with our background check vendor, however the vendor will destroy all information after verifying your background history.

If you should leave the organization your information will be destroyed by shredding. You will also have to return the back patch from Bikers Against Trafficking if you leave the organization.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the Confidentiality Statement.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bikers Against Trafficking

# ACKNOWLEDGMENT, CONSENT, WAIVER AND RELEASE

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the “Applicant”) acknowledge having applied for membership in Bikers Against Trafficking. (BAT). By execution of the instant form, the Applicant consents to and acknowledges that BAT may conduct a full investigation and background check of the Applicant, including a review of the Applicant’s educational, credit, and criminal backgrounds (this gets pulled with our check but the only one that is relevant to our review is the criminal background check). If the results of any such investigation are not satisfactory to BAT, it may, in its complete discretion, deny the Applicant membership for which the Applicant applied.

 The Applicant further waives and releases BAT (including any and all of its members, officers, attorneys, and agents) from any and all claims and causes of action of any sort arising out of or related in any way to the investigation and background check BAT may conduct.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant (print and then sign)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed & Signed Name of Witness

\*Having a felony on your record does not keep you from membership. Having a sex crime on your record does prevent membership. All other information is taken on a case by case basis. The International office will consider all recommendations from the State or Nation level in their consideration.