

Knights On Bikes

State of Florida - Membership Application (version 20220722) eMail to: Stephen R. Bell, KonB Florida President at KonBFLPresident@gmail.com



Full Name:	Sir Knight? Y	Yes / No
Full Address (NO P.O. Boxes:)		
City: Sta	te: <u>FL</u> Postal Code:	
Mobile Phone (Primary Contact):	Home Phone:	
Email:	Work Phone:	
Diocese:		
Knights on Bikes Proposer Name:		
Knights on Bikes Proposer Phone Number:		
Signature	Date	
Describe your involvement with your parish a	nd your council:	
Traveling/Membership Card Number:		
Date Admitted to the KofC: Co Council Contact Person & Phone #: Assembly Name and Assembly #:		
Assembly Contact Person & Phone #: You MUST send photocopies of your curre verification of you		ds (front & back) for
•	TATION	
I,, Attest and Affirm that I am PROPERLY and FULLY LICENSED (attach copy) to OPERATE a ANY motorcycle I will use while riding as a Knight on Bike (KonB), hereby RELEASE and HOLD HARMLESS The Holy Catholic Chur whole, as a group, or individually, from ANY adverse action, injury, indirectly by me, or ANY OTHER participant in a Knights on Bikes, OTHER function I participate in involving the use of motorcycles. If card) and will maintain this insurance for as long as a I participated in approval, I may purchase KonB patches with the understanding and Knights on Bikes and must be returned {without reimbursement} use of motorcycles.	a Knights of Columbus IN GOOD STAND A MOTORCYCLE; that I am TRAINED/S, whether or not I am wearing Knights of reh, The Knights of Columbus, and/or The or loss, to myself, or to others, that may be Knights of Columbus and/or Holy Cathofurther attest that I have the proper insuration the Knights on Bikes. Following membacceptance that the Diocese Crest and Go	SKILLED in such operation of Columbus patches/attire; and I the Knights on Bikes, either in have been caused directly, or colic Church function; or ANY the entropy of insurance the bership and candidacy period cold Cross are the property of the
Signature:	Date:	



