



Red Knights Motorcycle Club ONT CHAPTER 14

c/o 42 Mapleleaf Trail, Hamilton, ON, L9B 0A4

Revised: 5 Feb 12

Membership Application

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Fire Dept.
Affiliation: _____

Application is for (please circle one of the following):

- | | | |
|----|-----------|---------|
| A. | ACTIVE | \$30.00 |
| B. | SOCIAL | \$30.00 |
| C. | ASSOCIATE | \$30.00 |
| D. | FAMILY | \$60.00 |

If Family Plan applies, please list all "Social" members names:

Cheques to be made payable to: RED KNIGHTS - HAMILTON

1. _____ 2. _____

3. _____ 4. _____

MOTORCYCLE: Make: _____ Model: _____ Year: _____

Displacement: _____

AGREEMENT

I hereby agree to abide by the Constitution and Bylaws of ONT CHAPTER 14, including riding rules as set forth by the Chapter.

SIGNITURE: _____ **DATE:** _____