

Brooklyn Buffalo Troopers Membership Application
PLEASE FILL IN ALL INFORMATION

Name (include middle initial):		
Your chosen biker name:		
Street Address:		
City/State/Zip Code:		
Home #:	Cell:	Business #:
Age:	E-Mail Address:	
Emergency Contact Name:		Relationship:
Emergency Contact #:		

Please give a brief history of yourself (including military service, current employment, and membership in any other motorcycle clubs).

Are you legally licensed to operate a motorcycle? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently own a motorcycle? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide info below:
Type: Model: Year: CCs:
Years of riding experience:

Explain why you are interested in becoming a member of the Brooklyn Buffalo Troopers Motorcycle Club.

I fully understand that the chapter colors purchased by me are the property of the NABSMC and must be returned to the chapter upon my departure regardless of reason.

Signature: _____ Date: _____