

# Knights of Honor Motorcycle Association



## Membership Application



Name (Last, First, MI): \_\_\_\_\_

Road Name (if applicable): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_

Current/Previous Qualifying Occupation or Relationship

**I hereby confirm that I have read and understand the KHMA membership policy and that I meet the following membership criteria as outlined in the policy:**

A. I am a current/former military, (federal/local) law enforcement, firefighter, EMS, Dispatcher, or other emergency service personnel, who is serving or has served honorably, or an immediate family member thereof. **Initials** : \_\_\_\_\_

B. I am at 18 years of age or older. **Initials:** \_\_\_\_\_

C. I operate, or ride as a passenger on, a licensed and insured two or three wheeled street legal motorcycle that is equivalent to 500cc. or better.

**Brand/size of motorcycle:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

D. I possess a valid motorcycle license/permit and maintain current motorcycle insurance. (For operator only if passenger "NA") **Initials:** \_\_\_\_\_

E. I will obey local, state, and federal laws, am willing to be a pillar of my community, and will represent the Knights of Honor Motorcycle Association and my chapter as such. **Initials** : \_\_\_\_\_

F. I agree to submit to a background check at any time in order to ensure the integrity of the organization. **Initials:** \_\_\_\_\_

G. I understand that there is an Application fee of \$ 50.00 which is non-refundable. Fee is required to cover cost of the background check and processing. Once an Applicant has been accepted there will be annual membership dues of \$ 30.00 per year.

**Initials:** \_\_\_\_\_

**I attest that I have read and understand the Knights of Honor Motorcycle Association's bylaws and policies. Also, I have read and initialed all areas as required in the "Application for Membership".**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

↓-----Office use only-----↓

President Signature:
Member Signature:
Member Signature:
Member Signature:
Member Signature:
Membership Denied, Reason: