



*Red Knights Motorcycle Club  
 Massachusetts Chapter 1  
 599 Main Street  
 Boylston, MA 01505*



**Membership Application Request**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE: (      ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**FIRE DEPARTMENT AFFILIATION:** \_\_\_\_\_

I certify that the above named individual is an active/retired member in good standing with the \_\_\_\_\_ at the present time.  
Fire Department

\_\_\_\_\_  
 Officer in Charge

Sponsoring member: \_\_\_\_\_  
 -----

Application Fee of \$25 includes the first year dues.  
 Dues – Active: \$20    Associate: \$20    Social: \$15  
 -----

Membership Committee

After investigation of the above named individual. We, the membership committee, recommend/reject approval of this applicant for membership.

Member status:    Active                      Associate                      Social

\_\_\_\_\_  
 Committee Representative

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