

**CENTRAL MARYLAND CHAPTER
NATIONAL ASSOCIATION OF BUFFALO SOLDIERS & TROOPERS
MOTORCYCLE CLUB**

Membership Application

Personal Information

Member:

Last Name: _____ First Name: _____ MI _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address _____

Chosen Biker Name: _____

Member Sponsor:

Biker Name: _____ TBD _____

Motorcycle Information

Motorcycle Make: _____ Model: _____ Year: _____

Years Riding Experience: _____

Driver's License Number: _____ State _____

Exp. Date _____

VIN # _____ Tag # _____ State _____

Insurance Provider: _____ :

Policy Number _____

Expiration Date: _____

Automobile Information

Make: _____ Model: _____ Year: _____

VIN # _____ Tag # _____

State _____

Insurance Provider: _____

Policy Number: _____

Expiration Date: _____

Emergency Contact Information

Last Name: _____

First Name: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Phone: _____

Email: _____

Signature _____ Date _____

Autobiography

May this information be used on our website ? Y N

Please explain why you want to become a Member of the Buffalo Soldiers M/C

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

Signature: _____ Date: _____

Please do not write in this section:

Application accepted: _____

Probation starts: _____

Probation ends: _____

Membership Status: _____ date: _____

Application Rejected: _____

Reason(s): _____