



Red Knights Motorcycle Club

North Carolina Chapter 7
Graham, North Carolina

Membership Information and Application

Name: _____ NC License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: (H): _____ (C): _____

Date of Birth: _____

Fire Department Affiliation: _____

Chief's Name: _____ Phone: _____

Address: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

*I, the undersigned, do hereby acknowledge that the information on this application is accurate and truthful. I further acknowledge that I will abide by the Rules and Regulations set forth by the membership of this Chapter and by the Rules and Regulations of the **Red Knights International Firefighters Motorcycle Club.***

Signature: _____ Date: _____

Dues: \$20/year due annually by February meeting. Make checks payable to "[RKMC NC 7](#)"

Office Use Only

Type of Membership: Charter Active Associate Social Member-at-Large

Payment Method: _____ Amount Paid: _____

APPROVED: _____ DENIED: _____

President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____