

**Red Knights International Motorcycle Club  
Minnesota Chapter III**



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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Chief/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Motorcycle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

How did you hear about the red Knights?: \_\_\_\_\_

I, the undersigned do hereby apply for membership in the red Knights International Motorcycle Club, Minnesota Chapter III. I agree to abide by the Red Knights international Motorcycle Club Constitution and Bylaws and the rules and regulations governing this Local Chapter.

**Liability Waiver:** I also agree to wave and not hold any Officer or Member responsible for any injury or equipment damage while at , to or from a meeting or motorcycle ride.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

2005 Application Fee is \$25.00 Active Membership: (\_\_\_) \$20.00 Social Membership: (\_\_\_)

This section completed by membership committee:

Application Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

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

Return completed application to:  
Kevin Marti  
515 SW 2<sup>nd</sup> Street  
PO Box 932  
Willmar, MN 56201  
320-212-0335