



Red Knights Motorcycle Club

*Virginia Chapter 8
Petersburg, Virginia*

Membership Information and Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (H): _____

(C): _____

Fire Department Affiliation: _____

Birth date: _____

Emergency Contact: _____

I, the undersigned do hereby apply for membership in the Red Knights Motorcycle Club. I agree to abide by the Constitution and By-Laws of the club, and the rules governing membership.

Signature: _____ Date: _____

Active Membership- \$20.00/yr.

Make checks payable to: "[Red Knights MC- Va. 8](#)"

Club Use Only

Type of Membership: *Charter Associate Social Active Member-At-Large*

Payment Method: _____ Motorcycle Drivers License- Yes No

Amount Paid: _____ License #- _____

Date: _____

APPROVED: _____ REJECTED: _____

President Signature: _____ Date: _____