



**RED KNIGHTS INTERNATIONAL
FIREFIGHTERS MOTORCYCLE CLUB
MICHIGAN CHAPTER 5
MEMBERSHIP APPLICATION**

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

FIRE DEPT. AFFILIATION _____

NAME OF PRESIDENT/FIRE CHIEF _____

PHONE: _____ REFERRED BY: _____

WHY DO YOU WISH TO JOIN THE RED KNIGHTS?

PLEASE CHECK APPROPRIATE MEMBERSHIP:

____ ACTIVE MEMBER- ANY ACTIVE OR RETIRED FIREFIGHTER PERSONNEL

____ ASSOCIATE MEMBER- PROPOSED BY AN ACTIVE MEMBER

____ SOCIAL MEMBER- SPOUSE, PARTNER, CHILD OR RELATIVE OF ACTIVE MEMBER

MEMBERSHIP APPLICATION \$25.00
MAKE CHECKS PAYABLE TO RED KNIGHTS MICHIGAN CHAPTER 5

Email Application to:
membership@redknightsmcmi5.org