

BLEEDING HEARTS LEMC

Membership Application

First Name: _____ MI: ___ Last Name: _____ DOB: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Road name: _____

Chapter Name: **BLEEDING HEARTS LEMC**

“A” Active or “R” Retired: Law Enforcement: ___ Military: ___ EMS: ___ Fire: ___ Other: _____

Number of years: _____ Agency: _____ Rank: _____

Employer: _____ Address: _____ City: _____

State: ___ Zip: _____ Phone: _____ Work email: _____

Drivers License: State: ___ DL Number: _____ Motorcycle endorsement: _____

Concealed carry permit: ___ HR218: ___ Issuing Authority: _____ Permit #: _____

Motorcycle make: _____ Model: _____ Reg. State: ___ Tag #: _____

Insurance Company: _____ Policy #: _____

Do you have a motorcycle trailer: ___ Have you ever been arrested for a crime: ___

If yes, explain: _____

Have you ever been affiliated with another motorcycle club: ___ If yes, explain below:

I am being sponsored as a prospective member of the **BLEEDING HEARTS LEMC** by:

Honorable Brother: _____

I swear or affirm that everything contained in this document is true and correct to the best of my Knowledge and understand that a background investigation may be conducted.

Applicants Signature: _____ Date: _____

Chapter Officer Signature: _____ Date: _____