



Regulators Law Enforcement Motorcycle Club Chapter Application

Name: _____ Date: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Law Enforcement Status:

Affiliated Agency: _____

Designation (circle one): Police Fire EMS Military Other

Check one: Active ___ Retired ___ Prior ___ Years of Experience: _____

Motorcycle Operating Status (check one):

License: _____ Permit: _____

Chapter Officer observed motorcycle endorsement: _____ (initial)

Emergency Contact: _____ Phone: _____

If you have ever been a member or an associate of any other motorcycle club, please list below:

How did you hear about us? (Check one): Member: _____ Other: _____

Please list the Member name or other: _____

List the name of the Chapter you are interested in joining: _____

What type of membership are you applying? (Check one):

Full member _____ Auxiliary Member _____

Desired Road Name: _____

Printed Name: _____

Signature: _____

Check One: Approved _____ Denied _____ Date: _____

Fees Paid (\$200) (check one): CK _____ Cash _____

Attach (check one): Police ID _____ CCW ID _____

Reviewed by: _____ Title: _____

**First time fee is \$200.00 to join. This covers patches and 1st year of membership.
\$50.00 for club dues for every year after.**