



THE BUCKS MOTORCYCLE CLUB

A MEMBER OF THE ATLANTIC MOTORCYCLE COORDINATING COUNCIL

POST OFFICE BOX L-543

LANGHORNE, PENNSYLVANIA 19047

APPLICATION FOR MEMBERSHIP

Your interest in the Bucks M.C. has been shown by your attendance at this meeting. We know that you have questions about us. Any officer or member will be glad to answer any of your questions concerning this club. We also would like some information about you.

Please complete this form and return it to an officer of the club. All information received is solely for club use. If there is any information that you consider to be of a personal nature, please mark it with a star* and it will be kept in strict confidence. All Bucks M.C. records are private and not available to the public.

NAME _____ DATE OF BIRTH ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AREA CODE _____ PHONE NUMBER _____

HOBBIES:

SPECIFIC SKILLS: (Carpentry, Electronics, etc.)

YEAR AND MAKE OF CAR:

CYCLE:

DO YOU HAVE A MOTORCYCLE OPERATORS LICENCE:

WORK PHONE: _____ TYPE OF WORK: _____

REASON FOR JOINING THE BUCKS:

SIGNATURE OF SPONSORS: 1 _____

2 _____

SIGNATURE OF APPLICANT: _____

BUCKS M.C. USE ONLY: PLEDGED _____ ACTIVE _____

FEE _____ PATCHES _____ IA _____