

# LOST BROTHERHOOD

Motorcycle Club  
P.O. Box 11452  
Glendale, AZ 85318

## 2012 APPLICATION

STATE \_\_\_\_\_

(Please Print)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home # \_\_\_\_\_ Pager # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Work Phone # \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

### Motorcycle Information- -American V-Twin

Year \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Lic. Plate \_\_\_\_\_

### Peace Officer or Criminal Justice Status Information

Agency \_\_\_\_\_ Title: \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Total Yrs Experience \_\_\_\_\_ Retired Status Y / N Pension Y / N Disability Retirement Y / N

Is this your primary source of employment? Y / N Dates of Employment: \_\_\_\_\_ thru \_\_\_\_\_

If No, primary source of employment is: \_\_\_\_\_

### In Case Of Emergency, Notify: (Not a Frequent Riding Partner)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell: \_\_\_\_\_  
(Street) (City) (State)

By signing this application I affirm that I am not a member of any other Motorcycle Club.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### RETURN THE COMPLETED APPLICATION TO YOUR SPONSOR.

To Be Completed By A Club Sponsor:

I, \_\_\_\_\_ have examined the Application/Renewal form and the Peace Officer / Criminal Justice Identification card / Retirement papers of the above Applicant / Member and I certify that he/she is eligible for membership in the Lost Brotherhood Law Enforcement Motorcycle Club.

\_\_\_\_\_  
Signature of Club Sponsor

\_\_\_\_\_  
Date

**1<sup>ST</sup> APP. \$85**

DATE DUES PAID

CHECK NUMBER

\_\_\_\_\_

\_\_\_\_\_