

LOST BROTHERHOOD

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

2010 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

1ST APP. \$85 / RENEWAL \$50

DATE DUES PAID

CHECK NUMBER
