



LEATHER & LACE MC MEMBERSHIP APPLICATION



Full Name _____ Nickname: _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ - _____ Cell Telephone () _____ - _____

Birthday ____ / ____ / ____ Email _____

Type of Membership applying for: Chapter [] Full []

Chapter Name: _____

How long have you been riding your own motorcycle? _____

What make, model, & size motorcycle do you own? _____

Do you have a valid cycle license? Yes { } No { } D.L.# _____

Are you a member of any other motorcycle organizations? Yes { } No { }

Name of Organization _____ Years as member _____

Name of Organization _____ Years as member _____

Do you presently hold an office with this organization? Yes { } No { } Office held _____

Your Occupation _____

What interested you in becoming a member of *Leather & Lace MC*?

What can you bring to the Nation? _____

Married { } Single { } Divorced { }

Husband/Ol' Man Name _____ His Date of Birth ____ / ____ / ____

Is your Husband/Ol' Man a member of any other organization or club? Yes { } No { }

Name of Organization _____ Years as member _____

Children { } Grandchildren { }

Name	Gender	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would they be interested in becoming; Future Lace; Teen Lace; or Little Brothers? Yes { } No { }

EXTREME EMERGENCY:In case of an emergency, who would we notify?

Name _____ Relationship _____ Phone () _____ - _____

Name _____ Relationship _____ Phone () _____ - _____

Your Blood Type _____ Do you have any allergies or is there any Medical Information we need to be aware of?

If so, please list. _____



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Are you interested in starting a chapter in your area? Yes { } No { }

What area are you thinking of? _____

Do you know of any other women riders? Yes { } No { }

Would they be interested in receiving membership information? Yes { } No { }

Name _____ Phone () _____ - _____

E-mail: _____

Address: _____ City _____ State _____ Zip _____

The membership directory is available to members only. We cannot be held responsible should it fall into the wrong hands after delivery.

Do we have your permission to print your name, address telephone numbers and e-mail address in the Leather & Lace membership directory? Yes { } No { }

Your signature _____ Date _____

Independent Membership application fee is \$150.00 which includes \$100.00 annual dues.

Make checks payable to **Leather & Lace MC**, and forward all dues to:

Leather & Lace MC
c/o National Treasury
PO Box 729
Edgewater, FL 32132

Please include a picture of yourself and a copy of your driver license (front and back) with the application.

Office use only

Date Approved _____ Date Denied _____

Reason _____

Date Funds Returned: _____

Dues PD Yes [] No [] Sponsor Name _____

Date sent to News Letter _____ Date In data Base _____ Date welcome Sent _____

New E-mail address _____ @ _____ . _____