



GREEN KNIGHTS MILITARY MOTORCYCLE CLUB – CHAPTER 93

CASERMA EDERLE

VICENZA, ITALY



MEMBERSHIP APPLICATION

Personal Data:

Date: _____

First Name _____

Last Name _____

MI _____

Address _____

DEROS _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

AD / CIV / CON / RET

SOFA Status (circle one)

Emergency Point of Contact _____

Relation _____

Telephone Number _____

Training:

MSF Card Date _____

MSF Course _____

Years Riding _____

Rider Coach Qual Date: _____

Motorcycle Endorsements / License Expiration / Insurance:

State DL Exp _____

SETAF DL Exp _____

Italian DL Exp. _____

Yes / No

Insurance _____

Expiration _____

Motorcycle / Scooter Information:

Make _____

Model _____

Year _____

Displacement _____

I, the undersigned, voluntarily join the Vicenza chapter of the Green Knights Military Motorcycle Club.

Signature _____

CHAPTER USE:

Required Documentation:



MSF Card



SETAF DL



STATE DL

Mentor Assigned: Yes / N/A

Name: _____

Membership Approved: Yes / No

Date: _____

Member Number: _____

Vice-President Signature _____

President Signature _____

FOUO