

FULL MEMBERSHIP APPLICATION

Blue Max | St. Louis, Missouri

APPLICANT INFORMATION

Name:		Birthday:			
Address:		City/State/Zip:			
Primary Phone:		Email:			
Emergency Contact:		Emergency Contact Relationship:			
Emergency Contact / Phone Number:		Are you "out" to thi	is pers	on? □ Yes	□ No
Full at er offic FEE Mem pato A bl	Members agree to promote the club and its intervery club event. Members, in return, are given vial club colors and will get notifications of all club. S & COST The bership dues are \$75 per year (\$6.25 per montifications, additionally, Members must purchack leather vest is required for the patches. Clication	oting privileges and ot o events. chly). Members are requase an official t-shirt a	her ben uired to and forn	efits. Full Me pay the club nal shirt from	mbers can wear the for all required club the club. Members.
MEN	MBER QUESTIONS				
1 I have reviewed, abided by, and completed the pledge ha		andbook:	☐ Yes	□ No	
2	I will abide by the rules as set forth in the bylaws and uphe of the club	old the aims and purposes	☐ Yes	□ No	
3	I am willing to extend my hand in promotion of brotherho courtesy to all fellow club members, as well as members of of my feelings toward them		☐ Yes	□ No	
4	As a member of Blue Max Cycle Club, I will serve in an offi	cial capacity as required	☐ Yes	□ No	
5	Are you currently, or have your previously been a membe club?	r of a similarly oriented	☐ Yes	□ No	
6	Can you provide overnight accommodations for out-of-to-	wn guests from other	☐ Yes	□No	
7	Please list any talents or skills that could be an asset to the	e club			
I ur	nderstand the requirements of membership	and hereby submit n	ny app	lication in go	ood faith:
Sign	ned Name:	Date: /		/	
Print	ted Name:				
Full	Member Sponsors:				
Name:		Signed:			

Blue Max Cycle Club PO Box 15043 St. Louis, MO 63110