Application information

On behalf of the Red Knights International Firefighters Motorcycle Club, allow me to thank you for your interest in joining *Enter Chapter here*. The Red Knights International Firefighters Motorcycle Club is an organization of firefighters who ride motorcycles. We promote motorcycle safety, project a positive image of motorcycle enthusiasts, enjoy the Fraternity of Firefighters, and contribute to several charities.

Our different Membership types are:

Active Member:

Bylaw 2:01: Active membership shall be available to Past or Present Firefighting personnel of an established Fire Department, which is under the command of a Fire Chief or Public Service Director whether they are Career, Industrial, Military, On Call, Part Paid, Volunteer, or Wildland and who presently own or have access to a Motorcycle and have a current legal Motorcycle endorsement. An Active member, who can no longer can ride a motorcycle may retain their active status. Emergency Medical Technicians and Medics are eligible to be members if they are employed by an established Fire Department.

Associate Member or FD Associate Member:

Bylaw 2:03: Associate membership shall be offered to a person who has been proposed, in writing, for such membership and accepted in good standing and, in the opinion of a majority of the Chapter’s Executive Board, has substantially contributed to the promotion of the Club for a minimum period of six (6) months. Final approval shall be by a majority vote of the Chapter members at a meeting held at the conclusion of the six-month (6) period. Associate members shall not exceed ten percent (10%) of the Chapters Active Members. Once a member has been accepted as an Associate member and for various reasons no longer is able to ride a motorcycle they may, at the pleasure of the chapter majority retain his/her membership as an Associate member.

Associate membership may also be available to any person who is an employee of a Fire department and not qualified for Active membership. This type of associate membership shall not be included in the 10% restriction as stated above and will be recorded as a FD Associate in the chapter and rosters of the Organization.

Social Member:

Bylaw 2:04S: Social members shall be a Spouse, Partner, Boyfriend, Girlfriend, Son, Daughter, Grandchild, Brother or Sister, Father or Mother of an **Active Member**, **Associate Member** or a **Member-at- Large**, including of deceased members. The minimum age for a Social member shall be 16 (sixteen) years of age before joining.

JUNIOR MEMBERSHIP

Bylaw 2:08: To qualify for junior membership, children or Grandchildren of Active and Associate members must be under the age of sixteen (16) years.

There shall be no dues collected for Junior Membership by the International and chapters shall be allowed to list such junior members on their rosters until age 16. At age 16, the junior member must switch membership and pay dues. A Junior Member shall not hold a Chapter Office or vote in Chapter affairs.

SECTION 2:05 HONORARY MEMBER

Each Chartered Chapter may grant Honorary Membership status to a member of a recognized religion for the position of Chapter Chaplain and/or to a civic or business leader who does volunteer work for the Chapter. An Honorary Member shall not hold a Chapter Office or vote in Chapter affairs. The International dues for this membership classification are to be paid by the Chapter

Website info bylaws and sogs

https://www.redknightsmc.com/Images/redknightsinternational/By-Laws/2023\_International\_Bylaws\_update\_9-9-2023.pdf

https://www.redknightsmc.com/Images/redknightsinternational/SOG\_s/2023\_International\_SOG\_s\_Update\_9-9-2023.pdf

Membership application

\*Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Middle Initial: \_\_\_\_\_\_

\*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ \*Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Home Phone: +\_\_\_\_\_ (\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_ \*Cell Phone: +\_\_\_\_\_ (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Fire Department Affiliation or Sponsor (Relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Dates of service (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Zip Code: \_\_\_\_\_\_\_\_\_\_\_ \*Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Chief / Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone: +\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_

Have you been convicted of a crime which has not been expunged? No \_\_\_ Yes. \_\_\_\_ please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I acknowledge and accept the Red Knights International Firefighters Motorcycle Clubs rules and regulations, Bylaws, and the SOGs and that all information above is true and correct to the best of my knowledge.

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

RKMC Chapter ----- Active and Associate Membership Application Fee is $\_\_\_\_,

RKMC Chapter ----- Social Member Application Fee is $\_\_\_\_\_

Makes Checks Payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*) required information.

THIS SECTION IS TO BE COMPLETED BY THE MEMBERSHIP COMMITTEE

Membership type: Charter \_\_\_ Active \_\_\_ Associate \_\_\_ FD Associate \_\_\_ Social \_\_\_ Honorary \_\_\_

Application Accepted \_\_\_\_\_\_\_ Application Rejected \_\_\_\_\_\_\_

By signing below, I affirm that I have properly vetted and given the correct membership status.

President’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_