



# AMERICAN BADGERS MOTORCYCLE CLUB MEMBER APPLICATION



Application For :  
 Chapter: ( ) Charter ( ) Misfits  
**Membership Status: ( ) Regular ( ) Honorary**  
 Applicant Sponsor: \_\_\_\_\_



Membership Approved by Board of Directors:  
 ( ) Y ( ) N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Member ID. #: \_\_\_\_\_  
 This box to be completed by the ABMC Board of Directors

PLEASE PRINT

Member Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First MI Last  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers Licenses: State \_\_\_\_\_ Number: \_\_\_\_\_  
mm dd yyyy  
 Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street Street, PO. Box etc.  
City State Zip County City State Zip County

### Contact Information

Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
 Cell: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_  
 Southern Linc: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Primary (please print exact, indicating upper or lower case letters)  
 Nextel: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Other (please print exact, indicating upper or lower case letters)

### Employment

Current Employer: \_\_\_\_\_ Occupation, Rank, etc. \_\_\_\_\_  
 Current Military: \_\_\_\_\_ Occupation, Rank, etc. \_\_\_\_\_

### MC Affiliation

Do you own a motorcycle? ( ) No ( ) Yes —Yr. Mk. Mo. \_\_\_\_\_  
 Are you currently a member or affiliated in any way with any other motorcycle club, riding club, or any type of motorcycle affiliated group, organization, association etc ? ( ) No ( ) Yes **IF Yes, List Each Current Status Below:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any previous MC memberships:-

### Spouse / Significant Other

Spouse Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last MM DD YYYY  
 Is your spouse or significant other currently an ABMC member? ( ) YES ( ) NO  
 Is your spouse or significant other also applying for an ABMC membership? ( ) YES ( ) NO  
 Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Member Signature: \_\_\_\_\_  
MM DD YYYY

...Application will not be accepted if not accompanied with all signed liability and release forms, patch fee and any dues...

**AMERICAN BADGERS MOTORCYCLE CLUB**

**LIABILITY RELEASE FORM:**

**PART - 1**

When joining the American Badgers Motorcycle Club, I understand and accept that the American Badgers Motorcycle Club and any of the club members will not be responsible or liable for any damages to my personal property or any personal injury to myself or to others that may be incurred before, during, or after any club function, meeting, ride etc. I understand that my participation of any kind is completely volunteer and at my own risk. I will be completely responsible for my own actions. \_\_\_\_\_int.

**PART - 2**

I understand that if I invite a guest to attend any club function, I will be solely responsible for his/her actions for the duration of the club function. I understand that it is my sole responsibility to make my guest aware of club rules and regulations. I understand that it is my sole responsibility to make my guest aware that the American Badgers Motorcycle Club and any of the club members will not be responsible or liable for any damages to my guest or any personal injury to my guest that may be incurred before, during, or after any club function, meeting, ride etc. I understand that it is my sole responsibility to make my guest aware that any participation of any kind is completely volunteer and at his/her own risk. \_\_\_\_\_int

**PART - 3**

I understand that at public motorcycle events there is always a possibility that one percent (1%) outlaw club members may attend. I am aware that outlaw clubs feel that they own and control motorcycle clubs in various areas. I am aware of the risk and possibilities of altercations that could occur from outlaw clubs when wearing a patch (colors) of another club. I will always exercise extreme care and good judgment when wearing an American Badger Patch. \_\_\_\_\_int.

**PART - 4**

I understand that I am personally responsible for maintaining my own liability insurance with medical coverage for myself. \_\_\_\_\_int.

I have read and fully understand the Liability Release Form. \_\_\_\_\_int.

\_\_\_\_\_  
Member Name (printed)

\_\_\_\_\_  
Sponsor Name (printed)

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Sponsor Signature Date

**AMERICAN BADGERS MOTORCYCLE CLUB**

**Property Release and Return Waiver:**

By signing and initialing this form I understand that club patches belong solely to the American Badgers Motorcycle Club. I understand that even though the club accepted money from me for the patches, I have only actually leased the patches for as long as I remain a member. If at any time my membership is terminated or I resign from my membership I understand that I will return the complete three piece back patch, and all front patches to the leadership of the club without monetary refund. I am fully aware that by signing this form I am entering into a binding contract and that legal actions may be taken against me if the club property is not promptly returned. \_\_\_\_\_int.

**Membership Termination and Suspension Waiver:**

By signing and initialing this form I understand that my membership can be terminated or suspended due to one of the following instances and is not limited to:

1. Personal reasons
2. Known criminal activity
3. Arrest (felony or misdemeanor)
4. Any actions that may poorly reflect upon the image of the ABMC
5. Deliberate unsafe acts that place members or other citizens in danger

In any of the afore mentioned instances (Except Number 1) the Regional Board of Directors will meet and a majority vote will determine termination or suspension. \_\_\_\_\_int.

**Membership Personal Application Information Release Waiver:**

By signing and initialing this form I understand and authorize for my personal information obtained within my member application to be made available to all other members (*via e-mail or other means necessary*). \_\_\_\_\_int.

I have read and fully understand the Property Release and Return Waiver, Membership Termination and Suspension Waiver and the Membership Personal Application Information Release Waiver. \_\_\_\_\_int.

\_\_\_\_\_  
Member Name (printed)

\_\_\_\_\_  
Sponsor Name (printed)

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Sponsor Signature Date

THE FOLLOWING QUESTIONAIR, LIST OF REQUIRED DOCUMENTS, AND WAIVER IS FOR ADDITIONAL INFORMATION NEEDED TO COMPLETE A THROUGH BACKGROUND INVESTIGATION OF POTENTIAL MEMBERS. APPLICATION WILL NOT BE ACCEPTED IF THIS FORM IS NOT COMPLETED, DOCUMENTS ARE NOT ATTACHED OR IF THE INVESTIGATION WAIVER IS NOT SIGNED. THIS FORM MUST BE COMPLETED BY FULL REGULAR MEMBER APPLICANTS AND HONORARY MEMBER APPLICANTS.

**Please answer the following questions**  
**To be completed by ALL (Full and Honorary) applicants**

1. Are you retired.....( ) Yes ( ) No

2. If you answered yes to number 1, complete the following. If more than one retirement, List most recent retirement here. List any others on back.

Name of private company, department, military branch etc.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Name and/or Title/Rank of immediate supervisor: \_\_\_\_\_  
If Gov. Agency: Name and Title of highest ranking person at your Department or facility (at time of retirement): \_\_\_\_\_  
Your Title/ Position at retirement \_\_\_\_\_

3. Are you currently employed (full time and/or part time).....( ) Yes ( ) No

4. If you answered yes to number 3, complete the following.

**FULL TIME EMPLOYMENT**

Name of private company, department, military branch etc.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_  
Name and/or Title/Rank of immediate supervisor: \_\_\_\_\_  
If Gov. Agency: Name and Title of current highest ranking person at your Department or facility: \_\_\_\_\_  
Your current Title/ Position \_\_\_\_\_

**PART TIME EMPLOYMENT**

(Include any..self employment, private, civilian, public safety, law enforce., military etc.)

Name of private company, department or military branch etc.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_  
Name and/or Title/Rank of immediate supervisor: \_\_\_\_\_  
If Gov. Agency: Name and Title of current highest ranking person at your Department or facility: \_\_\_\_\_  
Your current Title/ Position \_\_\_\_\_

If additional space is needed list any others on back

5. Have you ever been a suspect, investigated, arrested or detained for any **felony** offense.  
( ) Yes ( ) No  
If yes explain \_\_\_\_\_

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

6. Have you ever been a suspect, investigated, arrested or detained for any **misdemeanor** offense.  
( ) Yes ( ) No  
If yes explain \_\_\_\_\_

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

7. Have you ever been a suspect, investigated, arrested or detained for any serious **traffic** offense.  
(DUI, Vehicle Homicide, Accident causing injury or property damage, Reckless Driving, etc.)  
( ) Yes ( ) No Exclude any minor citations. Minor citations list in section 8.  
If yes explain \_\_\_\_\_

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

8. List any and all traffics citations (include warnings) received in the past seven years.  
Offense Agency / Dept. Year Disposition

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

Any more you don't need a driver's license. If additional space is needed list any others on back.

9. Are you licensed to carry a concealed firearm.....( ) Yes ( ) No  
If yes (Name of Dept. issuing license) \_\_\_\_\_

10. Give Name, Address and phone number of 3 references (not former employers or relatives).

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**Photo copy the below requested DOCUMENTS**  
**Attach with this form to be attached to the application:**

1. Drivers license.
2. Current vehicle/motorcycle liability insurance card.
3. Criminal history and driver's history from the National Crime Information Center (NCIC). Local Police Departments or the States Department of Public Safety will usually provide this information with personal request, i.e. employment purposes etc. *for a small fee.*  
**(APPLICANTS, who are currently employed as a law enforcement officer, firefighter, corrections officer, or full time active military are exempt from providing a criminal and driver's history) NOTE: All others (Spouses, Retired individuals, Reserves, Honorary Members etc.) ARE NOT exempt and must provide this document.**  
**(Exceptions) If you are known by another member and can be sponsored by a current Member in good standing, then you may be exempt from providing this document, (after Director or Chapter President approval).**
4. **If Retired:** (To be considered for Regular Full Membership) Documents to show date and type of retirement. (Retirement must be for longevity or medical from a government agency or military). **Honorary members are not required to submit retirement documentation.**
5. If Law Enforcement, Firefighter, EMS etc: Copy of Peace Officers Standards and Training (POST), Firefighter, EMS or other state or federal certificate.

**Release and authorization waiver to allow background investigation on next page must be completed and notarized.**

**Release And Authorization Waiver To Allow Background Investigation.**

I \_\_\_\_\_ authorize the American Badgers Motorcycle Club and any of its agents to use any means necessary to conduct a full and complete background investigation of myself. This may include but is not limited to; criminal history and drivers history background check, contact of current and past employers, references etc. I understand that this background check is for qualification and approval to become a member of the American Badgers Motorcycle Club but does not guarantee membership acceptance.

APPLICANT

WITNESS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, the undersigned, a notary public in and for said County and State, do certify that \_\_\_\_\_, whose name is signed to the foregoing "American Badger **Release And Authorization Waiver To Allow Background Investigation**", is known to me, acknowledged before me on this day that, being informed of the contents thereof, executed the same voluntarily on the date the same bears date.

GIVEN under my hand and official seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**ABMC PATCH FEE AND ANNUAL ORGANIZATION MEMBERSHIP DUES**

**MEMBER NAME** \_\_\_\_\_

**PATCHES:**

**Number Requested:** \_\_\_\_\_

**Price each:** \$75.00

**\$ Amount Paid:** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Fees collected by:** \_\_\_\_\_

**Yearly Organization Membership Dues:**

**Annually:** \$35.00

**Prorated: at \$3.00 per. Mo.**

(beginning with current month and for each remaining month in the year)

**\$ Amount Paid:** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Fees collected by:** \_\_\_\_\_

**COMPLETED APPLICATIONS - WITH ALL FEES AND DUES - SHOULD BE SUBMITTED TO THE BOARD OF DIRECTORS BY A CHAPTER OFFICER **BEFORE** BEING VOTED INTO A CLUB CHAPTER. IF YOU ARE REFUSED MEMBERSHIP, YOU WILL BE REIMBURSED ANY FEES, DUES OR MONIES PAID.**

*Patch fees are for a one time lease fee for club patches. Annual organization dues are paid to the Board of Directors to fund club operations and **may be in addition to Chapter Dues.** Chapter dues are paid to the chapter to fund chapter operations. Applicant should receive a receipt from the Chapter Treasurer for any Chapter dues paid.*

**ABMC**

ABMC PATCH FEE AND ANNUAL ORGANIZATION MEMBERSHIP DUES

MEMBER NAME \_\_\_\_\_

**PATCHES:**

Number Requested: \_\_\_\_\_ Price each: \$75.00 \$ Amount Paid: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fees collected by (signature): \_\_\_\_\_

**Yearly Organization Membership Dues:**

Annually: \$35.00 Prorated: at \$3.00 per. Mo.  
(beginning with current mo. and for each remaining mo. in the year)

\$ Amount Paid: - NA - DATE PAID: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dues collected by: \_\_\_\_\_

COMPLETED APPLICATIONS - WITH ALL FEES AND DUES - SHOULD BE SUBMITTED TO THE BOARD OF DIRECTORS **BEFORE** BEING VOTED INTO A CLUB CHAPTER. IF YOU ARE REFUSED MEMBERSHIP, YOU WILL BE REIMBURSED ANY FEES, DUES OR MONIES PAID.

**APPLICANT: Please retain this sheet as a record of fees paid.**

*Patch fees are for a one time lease fee for club patches. Annual organization dues are paid to the Board of Directors to fund club operations and **may be in addition to Chapter Dues.** Chapter dues are paid to the chapter to fund chapter operations. Applicant should receive a receipt from the Chapter Treasurer for any Chapter dues paid.*