



Patriots Motorcycle Club

3517 N. Sylvania, Fort Worth, TX 76111

Membership@PatriotsMC.com

Information Sheet (please print)

Turn in this page or e-mail to the Director of Membership.

Full Name: _____

Road Name/Nickname: _____ (if you don't have one, we'll come up with one)

Driver's License #: _____

State of Issue: _____

Date of Birth: _____

Street Address: _____

City: _____

TX (zip): _____

E-Mail Address: _____@_____

Cell Phone: _____

Home Phone: _____

What do you ride? _____ (Type of Motorcycle/year)

Color: _____

License Plate #: _____

How long have you been riding? _____

Are you a current or former member, or prospected with another M/C or R/C? _____

If yes, which M/C or R/C? _____

What is your status with them? _____

By affixing my signature hereto, I hereby agree and understand that if I should cease to be a member for any reason, my colors are the property of the Patriots MC and I will surrender my colors back to the club.

Signature _____

Date _____