

**Empire City M/C Application for Membership**

PO Box 1881, New York, NY 10113-1881

www.EmpireCityMC.com



Empire City Motorcycle Club was founded to:

1. Cultivate brotherhood among its members by engaging in diverse motorcycling and social activities.
2. Create close fellowship within our community and to foster its growth and development.
3. Create group identification for members and to be recognized by members of similar clubs.

Your Name AARON S. GRIFFITH ECMC Sponsor #1 Ed M. Init [Signature]  
 Street Address 454 W. 46<sup>TH</sup> ST, 3AS ECMC Sponsor #2 Mark W. Init MW  
 City, State & Zip NEW YORK, NY 10036  
 Home Telephone 212-691-3447 Motorcycle Make HARLEY-DAVIDSON  
 Mobile Telephone 917-375-4739 Motorcycle Model 2013 IRON 883  
 Date of Birth 5-12-1968 Motorcycle Year 2013 Displacement 883 CCs  
 E-Mail aaronsgriffith@aol.com Years of riding experience 2 YEARS RECENTLY (RODE IN TEENS & 20'S)  
 Other similar clubs/organizations you belong to N/A

With my signature below, I certify that I am at least 21 (twenty-one) years of age and a legally licensed motorcycle owner and operator. I certify that I have been provided a copy of, have read and understand the Empire City M/C Constitution and Bylaws and agree to be bound by them, including membership requirements for annual/perpetual motorcycle riding certification and participation requirements.

My signature indicates my willingness to obey the officers of Empire City M/C. In doing so, I accept my responsibility to be courteous to fellow members and to be sufficiently sensitive in my communications so as not to use abrasive and offensive language. In this light, I acknowledge a spirit of civility that seeks to hold the opinions of my fellow brothers equal to my own. With a positive attitude, I agree to conduct myself in a manner consistent with the values of an ECMC member. During club meetings, I agree to obey Roberts Rules of Order as indicated in the by-laws.

This membership application is to be accompanied with a non-refundable fee of ten dollars (\$10.00) at the time of submission.

Signature [Signature] Date 10-1-2014

ECMC Membership Committee use only, below this line

Application presented.....	<input checked="" type="checkbox"/>	Date <u>01/OCT/14/</u>	Init <u>[Signature]</u> (Full/Associate)
Membership application fee received.....	<input checked="" type="checkbox"/>	Date <u>18/OCT/14/</u>	Init <u>[Signature]</u> (Full/Associate)
Road Captain Motorcycle Certification.....	<input checked="" type="checkbox"/>	Date <u>18/OCT/14/</u>	Init <u>[Signature]</u> (Full/Associate)
Pre-Pledge Meeting.....	<input checked="" type="checkbox"/>	Date <u>01/OCT/14/</u>	Init <u>[Signature]</u> (Full/Associate)
Pre-Pledge Ride/Function.....	<input checked="" type="checkbox"/>	Date <u>10/OCT/14/</u>	Init <u>[Signature]</u> (Full/Associate)
Accepted [ ] / Rejected [ ] as Pledge.....	<input type="checkbox"/>	Date <u>    /    /    </u>	Init <u>    </u> (Full)
Official Club Ride 1.....	<input checked="" type="checkbox"/>	Date <u>18/OCT/14/</u>	Init <u>[Signature]</u> (Full)
Official Club Ride 2.....	<input type="checkbox"/>	Date <u>    /    /    </u>	Init <u>    </u> (Full)
Official Club Ride 3.....	<input type="checkbox"/>	Date <u>    /    /    </u>	Init <u>    </u> (Full)
Full Membership Granted [ ] / Rejected [ ] .....	<input type="checkbox"/>	Date <u>    /    /    </u>	Init <u>    </u> (Full)
Associate Membership Granted [ ] / Rejected [ ] .....	<input type="checkbox"/>	Date <u>    /    /    </u>	Init <u>    </u> (Associate)