

Defenders Motorcycle Club

Application Check list

1. This application must be filled out entirely.
2. If an Associate application is included it must be filled out entirely.
3. Associate applications may be made independently at a later time.
4. This application once completed by the applicant must be delivered to your Chapter President or other Chapter Officer for their signatures and processing.
5. Chapter Officers must review all information and sign prior to submitting the applications.
6. The application will be submitted to the National Treasurer by the Chapter Officer.
7. A check or money order must be attached for \$175.00 **application fee** at the time of submission.
8. Applications will not be accepted unless check or money order is attached.
9. Mail to:

Roy "Cat Daddy" Brown
12320 Davis Ct.
Fort Myers, Florida 33905
Phone: 239-340-4236

Defenders Motorcycle Club, Inc.

Membership Application

First Name: _____ MI: _____ Last Name: _____

Road Name: _____

DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tx #: _____ Cell Tx #: _____

Home Email : _____

Chapter Name: _____

Are you active or retired

law enforcement military emergency services Fire Other

Number of Years: _____ Agency: _____

Rank: _____

Current Occupation: _____

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Work Phone#: _____

Work Email: _____

Drivers Licenses State: _____ Drivers License Number: _____

Motorcycle Endorsement: Yes No

Concealed Weapons Permit: Yes No HR 218

If yes, permit number: _____

Motorcycle Make: _____ Model: _____

State of Registration: _____ Tag Number: _____

Insurance Company: Policy Number: _____

Do you have a motorcycle trailer? Yes No

Have you ever been arrested for a crime? No Yes If yes, explain

Have you ever been affiliated with another motorcycle club? No Yes If yes, explain

I am being sponsored as a prospective member of the Defenders Motorcycle Club by

Honorable Brother: _____

I swear or affirm that everything contained in this document is true and correct to the best of my knowledge and understand that a background investigation may be conducted:

_____ Date: _____

Signature

_____ Date: _____

Chapter Officer Signature

_____ Chapter Name and Officer Title

Defenders LEMC

Privacy Statement

We recognize that it is critical for our members to be confident that their privacy is protected when they submit personal information to our club. Therefore, the below statements describes our privacy practices.

When you provide us with identifiable information, such as your name, e-mail address and other personal information, we may contact you via e-mail to verify this information. We do not sell or share with anyone outside our club the information you send to us.

We consider your e-mail address and any personal information you provide to be private and this information will be kept strictly confidential within the Defenders Law Enforcement Motorcycle Club. All information will be kept stored under lock and key by the Defenders National Treasurer.

If you are a non-active law enforcement officer your information will be shared with our background check vendor, however the vendor will destroy all information after verifying your background history.

If you should leave the club your information will be destroyed by shredding.

I, _____ have read the Confidentiality Statement.

Signature_____

Date_____

Defenders MC

ACKNOWLEDGMENT, CONSENT, WAIVER AND RELEASE

I, _____, (the "Applicant") acknowledge having applied for membership in the Defenders Motorcycle Club, Inc. (the "Defenders"). By execution of the instant form, the Applicant consents to and acknowledges that the Defenders may conduct a full investigation and background check of the Applicant, including a review of the Applicant's educational, credit, and criminal backgrounds. If the results of any such investigation are not satisfactory to the Defenders, it may, in its complete discretion, deny the Applicant membership for which the Applicant applied.

The Applicant further waives and releases the Defenders (including any and all of its members, officers, attorneys, and agents) from any and all claims and causes of action of any sort arising out of or related in any way to the investigation and background check the Defenders may conduct.

By: _____
Applicant

By: _____
Witness

Date: _____

Name: _____
Printed Name of Witness

Date: _____

Defenders LE/MC Oath of Membership

I, _____ on this date _____, do hereby take this OATH of my own goodwill to uphold the By-laws of the Defenders Motorcycle Club (DMC).

I will:

1. Wear the colors of the Defenders Motorcycle Club with pride and dignity.
2. Do my utmost to bring respect and honor to the Defenders Motorcycle Club.
3. Support the development of a fraternal spirit between law enforcement/emergency services/military personnel and the general public.
4. Promote and advance the sport of motorcycling by setting a positive example and projecting a positive image; first and foremost by riding safely at all times.
5. Not associate, affiliate, fraternize or be seen in the accompaniment with any known or suspected 1 % Motorcycle Gang member, prospect, probate, associate (male or female) or their affiliate businesses and supporting clubs.

Riding and participating with the Defenders Motorcycle Club is an honor and a privilege. Should I ever disgrace the Defenders Motorcycle Club, I will immediately return my DMC patches and lose all privileges with same.

I hereby certify that I have read, understand and agree with this statement as well as having read, understand and agree with the DMC By-Laws.

Printed Name of Applicant

Signature of Applicant

Date: _____

By-Laws Memorandum of Understanding

I have read and understand the By-Laws of the Defenders Motorcycle Club, Inc. and agree to abide by these requirements for membership. I will not hold the Defenders Motorcycle Club or its Officers or Members liable for any actions, which may result in injury; death, damage or hardship. As such, I will not sue or hold civilly or criminally liable the Defenders Motorcycle Club, or its Officers or Members.

I fully accept these By-Laws, and all future changes and amendments, on my own free will. I certify that I am under no duress or pressure to join the Defenders Motorcycle Club. My signature below signifies these facts, and that I am petitioning the Defenders Motorcycle Club for membership.

Print Name (Prospect) Date: _____

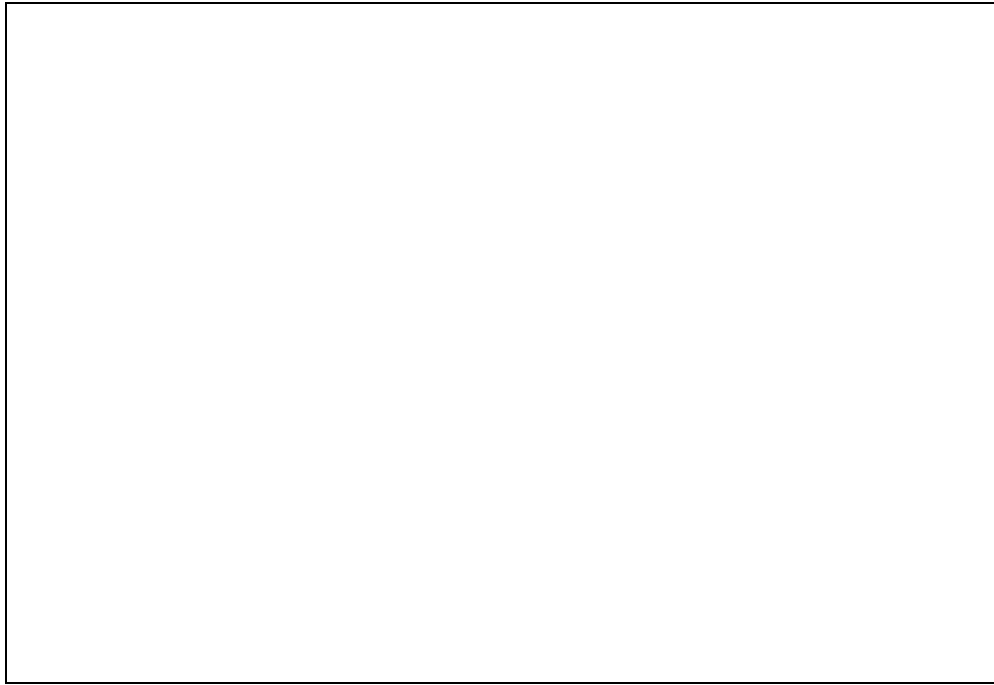
Prospect Signature

Print Name of DMC Officer Date: _____

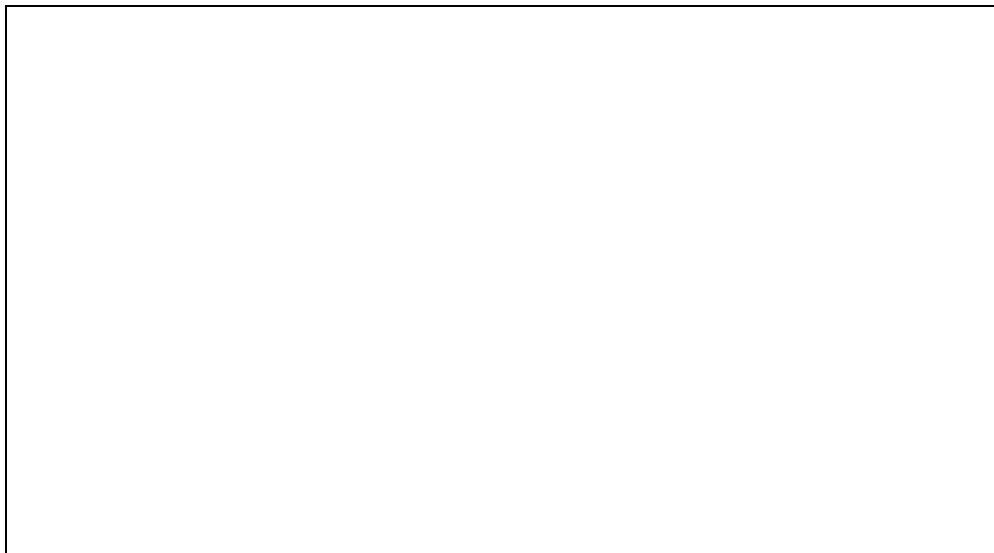
DMC Officer Signature

Chapter Name and Officer Title

Photocopy of Drivers License



Photocopy of Law Enforcement, Military or Public
Service Identification



Defenders Motorcycle Club, Inc.

Associate Application

First Name: _____ MI: _____ Last Name: _____
Road Name: _____
DOB: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Tx #: _____ Cell Tx #: _____
Home Email : _____
Chapter Name: _____
Are you active _____ or retired _____
law enforcement _____ military _____ emergency services _____ fire _____ Other _____
Number of Years: _____ Agency: _____
Rank: _____
Current Occupation: _____
Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Work Phone#: _____
Work Email: _____
Drivers Licenses State: _____ Drivers License Number: _____
Motorcycle Endorsement: Yes _____ No _____
Concealed Weapons Permit: Yes _____ No _____ HR 218
If yes, permit number: _____
Motorcycle Make: _____ Model: _____
State of Registration: _____ Tag Number: _____
Insurance Company: Policy Number: _____
Do you have a motorcycle trailer? Yes _____ No _____
Have you ever been arrested for a crime? No _____ Yes _____ If yes, Explain _____

I am being sponsored as a prospective Associate member of the Defenders Motorcycle Club by Honorable Brother: _____

I swear or affirm that everything contained in this document is true and correct to the best of my knowledge and understand that a background investigation may be conducted:

Signature

Date: _____

Chapter Officer

Date: _____

Chapter Name and Officer Title