## Next Level Motorcycle Club of Atlanta, Inc. MEMBERSHIP APPLICATION

(This form munt be completed in its entirety.)

(Non-Refundable Application Fee - \$25.00)

Applicant Information							
Name:	Nickname:		Date of Birth:				
Gender: Male or Female	Phone: Cell:				E-mail:		
Current Home Address:							
A: Are you a member of Any other Motorcycle Association? Yes or No (Circle one)	B: Do You Have Motorcycle License? Yes or No (Circle one)		surance? No (Circle one)		-	ten a Safety Riding Course? • <b>No</b> (Circle one)	
If Yes to A, Name and how long? If Yes to			<b>)</b> , Were and when?				
Employment Information							
Current Employer:							
Employer Address:			How long?				
Phone:	E-mail:	E-mail: Fax:			· · ·		
Position:							
Emergency Contact							
Name of a relative not residing with you:							
Address:							
City:	State:		ZIP:		Phone:		
Relationship:							
Motorcycle/s Information (Do not list Crotch Rockets/Sport Bikes)							
M1: Year, Make, Modal:							
M2: Year, Make, Modal:							
Do You Have Riding Experience? Yes or No (Circle One) If Yes, How Long?							
References / Sponsors							
Name: Address:		Phor		Phone:	ne:		
I authorize the verification of the above information provided on this form as to my creditability and employment. Yes or No (Circle one) I agree to participate in a minimum of three rides monitored by a Next Level M/C riding coordinator. Yes or No (Circle One) I agree to attend a minimum of three Club meetings. Yes or No (Circle one) I agree with and understand that the membership evaluation process may take several months to complete. Yes or No (Circle one) I have read The Club Terms of Agreement and provided a signed copy along with this membership application. Yes or No (Circle one)							
Signature of Applicant: Date:						Date:	
We, the members of Next Level Motorcycle Club, would like to thank you for showing interest in becoming a member. We look forward to meeting and getting to know you in the very near future. Until then, keep riding and Stay Safe.							
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		Phone in the					
NL Member Name:			Signature of Member:		Date:		