



APPLICATION FOR MEMBERSHIP

NEW JERSEY KNIGHTS OF COLUMBUS MOTORCYCLE MINISTRY

Please Print Clearly

Name: _____ DOB _____ Age _____

Address: _____ Cell # _____

City _____ State _____ Zip _____

E-Mail _____

KofC Membership # _____ Council # _____

*** A COPY OF YOUR CURRENT KofC COUNCIL MEMBERSHIP CARD MUST ACCOMPANY THIS APPLICATION ***

MOTORCYCLE MODEL _____ YEAR _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____

CELL # _____ Home # _____

The undersigned hereby agrees to obey the rules and regulations set forth by the Ministry.

"Our objective is serving the community through charitable works and leadership while enjoying camaraderie with our brothers in faith as motorcycle riders"

Application Fee \$ 75.00 Cash _____ Check # _____ Received by _____

Applicant Signature _____ Printed Name _____

Approved by _____ Date _____

Seconded by _____ Date _____

Mail To: Jesse V. D'Amore, NJ KofC MM, FS

104 Fenner Avenue, Clifton, NJ 07013-1046