



ARCHANGELS MC INDIVIDUAL MEMBERSHIP APPLICATION



Application For (check one):

- New Individual Membership
- New Charter/Chapter Membership (complete and attach page 2)

This area for National Chapter Governing Board

Membership or Chapter Approval by National Governing Board:

Yes No Date: ____/____/____

***** **Personal and Contact Information** *****

Applicant Name: _____ Nickname/Road name: _____
First MI Last

Age: ____ . Gender: () Male () Female Email Address: _____

Home Mailing Address: _____
Street City State Zip Code

Telephone numbers where you can be reached? (____) _____ (____) _____ (____) _____
(Work) (Home) (Cell)

Are you currently a member or affiliated in any way with any other motorcycle club, association or organization? () Yes () No
If "Yes", please list the club, association or organization name(s): _____

What is the primary motorcycle you own that will be used to represent the club?

Year Make Model Engine CC

***** **Agency Information** *****

Please check one: () Currently Employed () Honorably Retired

Name of Law Enforcement Agency: _____ Mailing address of Agency: _____
Street or P.O.Box, etc.
City State Zip Code

Employment Status: () Full Time () Part Time () Reserve Length of Employment? ____yrs.

***** **Employment or Retirement Verification** *****

You must supply the appropriate information so that employment or honorable retirement can be verified. This can be done by one of two methods; the first is providing the necessary contact information in the area below, OR make a photocopy of the front and back of your official identification card and attach to your completed application.

Employer Verification Email Address: _____ Contact Person Name: _____

Employer Verification Telephone Number:(____)_____. I have attached a photocopy of my identification.

The undersigned agrees to abide by all rules, regulations and requirements as directed by the National Governing Chapter/Board;

Date Submitted: ____/____/____

Applicant Signature _____

Applications will not be accepted if not fully completed and accompanied by any required other required documents or fees as specified.

CHARTER/CHAPTER RECOGNITION AND MEMBERSHIP

Complete this page only if you are applying for Charter/Chapter Recognition and Membership in the ARCHANGELS MC

State of Proposed Chapter _____ . City of Proposed Chapter _____ .

Identification of Chapter Officers: _____

(You must identify the top three)

_____ President	_____ Member ID#
_____ Vice President	_____ Member ID#
_____ Secretary	_____ Member ID#
_____ Treasurer	_____ Member ID#
_____ Sgt At Arms	_____ Member ID#

*****REQUIRED QUESTIONS*****

- 1) Is this the first ARCHANGELS MC Chapter to be established in your state? () Yes () No
- 2) If "Yes", are you applying to also represent your chapter as the Charter Chapter for your state? () Yes () No () N/A
- 3) Have you established a set of proposed local By Law amendments to help govern your Chapter? () Yes () No
If "Yes", go to Section B If "No", you must submit any local amendments to the National Governing Board for review.

----- Section B -----

All questions must be answered in the affirmative in order to be considered for a Charter

- 4) Have you submitted your proposed Charter By Law amendments for review to the National Governing Board? () Yes () No
- 5) Do you agree to promote local LE charities, LE motorcycle runs and show the ARCHANGEL MC Colors at local events? () Yes () No
- 6) Do you agree to promote and encourage membership among LE motorcycle riders in your area? () Yes () No
- 7) Do you agree to be responsible for facilitating the growth of your Chapter as well as the establishment of others in your State? () Y () N
- 8) Do you agree to keep the National Governing Chapter/Board apprised of club events, activities and/or issues? () Yes () No

We, the undersigned agree to abide by all rules, regulations and requirements as directed by the National Governing Chapter/Board;

Signatures:

 President Vice President Secretary/Treasurer

Submitted for consideration this _____ day of _____, 20 _____ .

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ARCHANGELS MC

LIABILITY RELEASE FORM

PART A

Liability Release and Assumption of Risk.

I understand that my participation in an Event can expose me to dangers both from known and unanticipated risk, including, but not limited to, risk associated with riding my motorcycle to, from or during an Event or interaction with other persons, including other ARCHANGELS MC Chapter members or others, at an Event. I willingly and voluntarily assume all such risks, including those of loss, damage or injury, including death, to myself and/or my property from any cause whatsoever. Moreover, acknowledging that such risk exists, I, for myself, my heirs, personal representatives and assigns, hereby release, discharge and hold harmless ARCHANGELS MC and any of its affiliates; the clubs, Chapters, the promoters, the landowners, and the sponsors, if any, co-hosting an Event; the owners and lessee of premises on which an Event takes place; and the officers, directors, officials, representatives, agents, members, successors, assigns, affiliates, and employees of all of them (collectively "Released Parties") from any and all claims or liability for personal injury, including death, or property damage I may suffer resulting from, arising in connection with, or related to the Event, including, but not limited to, any claims arising out of the conduct of any person in connection with the preparation for, supervision of, or conduct of any Event or Event-related activity. I specifically release the Released Parties and each of them for the negligence, in any form, of any or all of the Released Parties. In signing this release, I **FULLY RECOGNIZE THAT IF I AM HURT AND/OR MY PROPERTY IS DAMAGED IN CONNECTION WITH THE EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE RELEASED PARTIES EVEN IF THEY OR ANY OF THEM CAUSED MY DEATH, INJURY OR DAMAGE.** _____ int.

Part B

Indemnification.

I agree to indemnify and hold harmless the Released Parties, individually and/or collectively, from all lawsuits, claims, damages, costs and attorneys' fees which arise out of my presence or conduct at an Event and/or my violation or my representative's violation of any provision of this Application. This provision will apply regardless of whether or not the lawsuit, claim, damages, costs and/or attorneys' fees arises out of the negligence, in any form, of any of the Released Parties. As I am releasing any claim my family, guardian, representative and/or estate might wish to make by reason of my injury or death, this indemnity provision shall specifically apply to such actions on my behalf and/or any such actions resulting from my injury or death. _____ int.

Part C

Insurance Responsibility.

I understand that ARCHANGELS MC does not provide health and/or life insurance. If I do not have the insurance I deem appropriate, I agree that I should not participate in an event. I assume all responsibility for my doctor and/or hospital expenses and any loss or injury to personal property or myself in which I may become involved in by reason of participating in an event. _____ int.

Part D

Notice

I certify that I have completely read this Application and by initialing in the appropriate locations and signing below, accept the foregoing terms as a condition of my Membership.

Signature of Member

Printed name of Member

Signed this _____ day of _____, 20 _____.

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ARCHANGELS MC

Property Release and Return Waiver

By signing and initialing this form I understand that official club colors/ patches are the sole property of the ARCHANGELS MC. I understand that even though the club accepted money from me for the patch(s), I have only leased the patches for as long as I remain a member, or until I honorably retire from the club. I understand that the National Governing Chapter/Board may or may not reward the ARCHANGELS MC official club patch(s) to a retiring member of the club depending upon the advice of the Local or State Chapter from which the member was associated with, or a member thereof. If at any time my membership is terminated or I resign from my membership, I understand that I must surrender and give back any official ARCHANGELS MC club patches to representatives of either the Local, State or National ARCHANGELS MC chapter that I was associated or a member thereof. I understand that ARCHANGELS MC property is returned without monetary refund, compensation or other consideration.

I am fully aware that by signing this form that I am entering into a binding contract and that legal action may be taken against me if any official ARCHANGELS MC property is not promptly returned to the National Governing Chapter/Board or their designee.

Signature of Member

Printed Name of Member

Signed this _____ day of _____, 20 _____.

[This area for National Governing Chapter/Board Use Only]

Member ID# _____
Number of Official Patches held? _____ . Number of Official Patches returned? _____ : Date ___/___/___
Notifications? () None necessary () State Chapter () Members Local Chapter
Reason Returned? () Resigned () Disciplinary () Retired from club and inactive
Has National Governing Chapter/Board awarded retiree the official ARCHANGEL MC colors/patch? () Yes () No
Date ___/___/___ National Officer Certifying: _____
Name Position

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