

# Street Angels Motorcycle Club of Atlanta, GA

P.O. Box 374581  
Decatur, GA 30037  
(678) 318-3402

## Application for Membership

Application must be mailed to P.O. Box above along with a \$25 non-refundable administrative fee. (\$100 materials fee will be due upon notice at a later time within the process.) *Cashier's check or money order only*

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact(s): Name/Phone Number/Relationship  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Do you currently belong or have you belonged to any other motorcycle, motorsports, and/or social clubs? If yes, which ones: \_\_\_\_\_  
\_\_\_\_\_

Do you belong to any professional and/or social organizations? If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken a motorcycle safety course? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have your own motorcycle (at least 600cc)? Yes \_\_\_\_\_ No \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Is it in operable condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid motorcycle endorsed driver's license and motorcycle insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a "Riding" Name? If yes, what is it? \_\_\_\_\_

Why are you considering membership into the Street Angels Motorcycle Club?

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Is there any other information that you would like to share with us at this time?

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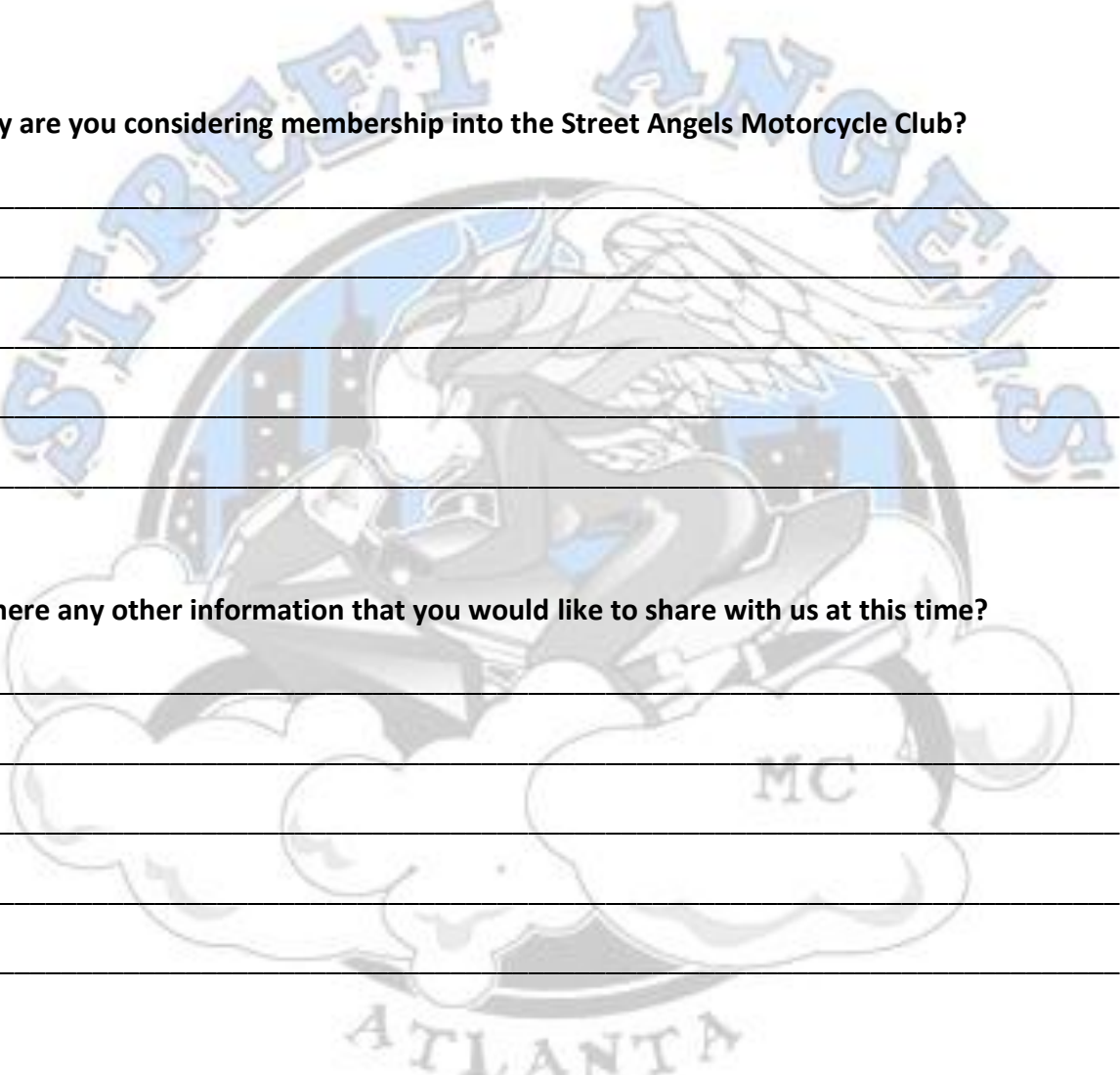
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By signing this application, I verify this information is correct. Any false information is grounds for termination of the Street Angels' application process.

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Signature