CAPE CLASSICS MOTORCYCLE CLUB, INC. Membership Application

Thank you for expressing an interest in the "Cape Classics Motorcycle Club, Inc.". Cape Classics M/C Club was founded in response to not being able to have a Cape May County H.O.G. Chapter. Cape Classics M/C represents local Harley Davidson owners interested in belonging to a club with other members having the same interests. The club participates in Toy Runs, Rallies, Charitable Events as well as sponsoring our own events. Through this effort we hope to promote a positive image in the sport of motorcycling. Our members are of good moral character and of responsible nature enabling us to maintain a respectable family-oriented club. We offer (2) levels of membership, Full Membership & Associate Membership, both memberships require sponsorship from a full member active in the club.

FULL MEMBERSHIP: To become a Full Member you must own a Harley Davidson Motorcycle. There is an application fee of $150.00 and this fee must accompany this completed form. If your application is denied the fee will be refunded to you. The applicant and the sponsoring member must meet the Executive Board before attending any meetings. Membership Committee Person &/or the President will advise date& time. You will also be obligated for annual dues of $200.00 DUE by the September meeting for the next full year (this will be explained at the Executive Board meeting). You must make the next (3) consecutive regular meetings (advise us of any hardships). You will receive a club house key & patch after your (6) month probation period (probation period starts on your first regular meeting).

ASSOCIATE MEMBERSHIP: Ownership of a Harley Davidson Motorcycle is not required for an Associate Membership. There is no application fee and the annual dues are $100.00 DUE by the September meeting for the next full year. You will receive a monthly news letter by mail &/or E-mail and you will also be invited to attend all of our club functions, (You will not have club voting rights and you will not attend our official regular monthly meetings).

---------- Please Print Legibly ----------

NAME _____ PHONE (_____) _____

ADDRESS _____ CELL PHONE (_____) _____

City, State, Zip _____

E-MAIL _____

Occupation _____ Date of Birth _____/_____/_____ Age _____

Membership Desired (Check One) *see details above* FULL[ ] ASSOCIATE[ ] Applicant Signature _____

Year, Model & Maker of Motorcycle _____

Years of riding experience(approx.) _____ Currently Belong To Another Riding Club? YES[ ] NO[ ]

If YES explain _____

Military Vet? YES[ ] | NO[ ] Branch _____ TYPE OF DISCHARGE _____ (#years) _____

Sponsored By _____ Sponsor Signature _____ Relationship _____

---------- OFFICIAL USE BELOW THIS LINE ----------

Form revised 12-04-2013 BTO

DATE APPLICATION WAS RECEIVED _____/_____/_____ BY _____ Title/Committee

DATE OF BOARD MEETING _____/_____/_____ Date of 1ST Meeting _____/_____/_____

APPROVED: YES[ ] NO[ ] DATE _____/_____/_____ REASON _____

Additional Comments: _____

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