

ST. CHARLES H.O.G.

CHAPTER #2527

ANNUAL ROAD CAPTAIN APPLICATION

This application is for the calendar year _____

Name _____

Address _____

City, State, ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____

National HOG Membership # _____ Expiration Date _____

Current St. Charles Chapter Member: Yes _____ No _____

Returning Road Captain Yes _____ No _____ T-Shirt Size _____

Motorcycle Drivers License: Yes _____ No _____ Motorcycle Insurance: Yes _____ No _____

Advanced Motorcycle Rider Safety Course Completion Date: _____

Have you completed a First Aid Training Course?

Yes _____ No _____ If Yes, Date: _____

Riding Experience in Years: _____

Applicants Signature _____ Date _____

Return this form to Head Road Captain at the Chapter Meeting

This area for Chapter Use Only

Above information verified by _____ Date _____