



Hogs and Heroes Foundation
11800 Laurel Bowie Road
Laurel, Maryland 20708

Membership Application

Email: hogsandheroes@aol.com
www.heroesride.com

TYPE OF MEMBERSHIP
FULL ___ ASSOCIATE ___ AT LARGE ___

Name: _____ DOB: _____

Road Name: _____ E-mail Address: _____
Last First
If none entered one will be assigned

Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone #: _____

Citizenship: Are you a United States Citizen: Y ___ N ___

Motorcycle Information:

Year: _____ Make: _____ Model: _____

Peace Officer, Firefighter, Emergency Medical Worker Status Information: (NOT REQUIRED FOR MEMBERSHIP)

Agency: _____ Title: _____

Active: Y ___ N ___ Retired: Y ___ N ___

Military Service (NOT REQUIRED FOR MEMBERSHIP)

Are you a U.S. Military Veteran Yes ___ No ___ Are you an Active member of the U.S. Military Yes ___ No ___

What Service were/are you a member of:

U.S. Army ___ U.S. Navy ___ U.S. Marine Corps ___ U.S. Air Force ___ U.S. Coast Guard ___ U.S. Merchant Marines ___

Retired: Y ___ N ___

Chapter Information

CHAPTER STATE: _____

CHAPTER NUMBER: _____

In Case of Emergency

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Telephone: _____ Alternate Number: _____

Religion: _____

Applicants Signature

Date

TO BE COMPLETED BY A CHAPTER EXECUTIVE BOARD MEMBER

I have reviewed this application form from the above applicant and certify that his/her membership application has been approved for acceptance for membership in the Hogs and Heroes Foundation.

Chapter Executive Signature

Date

Approved: Yes

No

Dues Paid Yes

No

PROBATION DATE: _____

Cash/Check Amount _____ Check Number _____

Contract to Relinquish Possession of Membership Patches

I, _____, as a condition of continuing membership in the Hogs and Heroes Foundation, acknowledge that the membership patches, as defined in the Hogs and Heroes Foundation Constitution and By-laws, are, and will remain the property of the Hogs and Heroes Foundation. I further agree to relinquish possession of my membership patches upon the request of any Executive Board member due to termination or resignation from the Hogs and Heroes Foundation. I further agree to pay, upon termination or resignation from the Hogs and Heroes Foundation, a fine of \$150.00 Dollars, should I not return the colors when requested. I have read this contract and agree to abide by the terms and conditions as set-fourth above. I agree that this contract shall be binding upon me in any court proceedings.

This application for membership has been executed by the applicant, whose signature appears below,

_____ on this the, _____ day of _____, 20____
Applicants Signature

_____ PATCH SET NUMBER: _____
Patch Fee Paid Date

Bottom "AMERICA" Rocker Issued Date: _____ MEMBER INITIALS: _____

Executive Board Member Signature: _____ **Date:** _____

Top "Hogs and Heroes" Rocker Issued Date: _____ MEMBER INITIALS: _____

Executive Board Member Signature: _____ **Date:** _____

Center Patch Issued Date: _____ MEMBER INITIALS: _____

Executive Board Member Signature: _____ **Date:** _____

I swear and affirm that the probationary member has met all the requirements, as outlined in the Hogs and Heroes Constitution and By-laws, for membership. I believe the probationary member possesses the character, dedication and morale integrity worthy of being a member of the Hogs and Heroes Foundation.

_____ **Signature of Chapter President** _____ **Date** _____ **Signature of Mentor** _____ **Date** _____



NATIONAL SEAL

_____ **Signature of Member** _____ **Date** _____