



APPLICATION FOR MEMBERSHIP

**NEW JERSEY KNIGHTS OF COLUMBUS MOTORCYCLE
MINISTRY**

Name: _____ D/O/B: _____ Age: _____
Address: _____ Phone: _____
City: _____ Cell: _____
State & Zip _____ Email: _____

****A COPY OF YOUR CURRENT K OF C COUNCIL MEMBERSHIP
CARD MUST ACCOMPANY THIS APPLICATION****

K of C Council # _____ K of C Degree: _____
Motorcycle Model & year: _____ NJ K of C MM
Application Fee: \$75.00
Paid: _____
Emergency contact: _____ Phone: _____
Address: _____ Cell# _____
Relationship: _____

**The undersigned hereby agrees to obey the rules and regulations set forth
by the Ministry.**

**“Our objective is serving the community through charitable works and
leadership while enjoying camaraderie with our brothers in faith as
motorcycle riders”.**

Applicant Signature Date Printed name

Approved by _____ Seconded by: _____

MAIL TO:
N J State Knights of Columbus Motorcycle Ministry
Post Office Box # 23
Belford, New Jersey 07718