

# REGULADORES LAW ENFORCEMENT MOTORCYCLE CLUB SOUTH CENTRAL CHAPTER

## ASSOCIATE APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SPONSORS NAME \_\_\_\_\_

PLEASE ENCLOSE A ZEROX COPY OF THE FOLLOWING WITH APPLICATION:

- APPLICATION FEE
- DRIVERS LICENSE
- MOTORCYCLE REGISTRATION

SIGNATURE OF ASSOCIATE MEMBER \_\_\_\_\_

SIGNATURE OF SPONSOR \_\_\_\_\_

DATE \_\_\_\_\_

1141 EAST EBLIN LA GRANGE, TEXAS 78945