



Membership Application

NAME: _____

ADDRESS: _____

PHONE#: _____

CELL#: _____

E-MAIL: _____

NAME OF FIRE DEPT: _____
(or Agency)

EMERGENCY CONTACT
NAME/NUMBER: _____

ARE YOU BEING SPONSORED? WHO IS SPONSORING YOU?

MAKE/MODEL OF
BIKE: _____

CIRCLE ONE: RIDER / PASSENGER

I THE UNDER SIGNED UNDERSTAND THE RULES AND RESPONSIBILITY OF MEMBERSHIP
IN FIRE AND IRON MOTORCYCLE CLUB AND PLEDGE LOYALTY TO THE CLUB WITH THE
BEST OF MY ABILITY.

PRINT
NAME: _____

SIGN
NAME: _____ DATE: _____

Emerald Coast Fire & Iron, Station 36 FIR NA TINE! SLAINTE!

COMPLETE FORM AND RETURN IT OR MAIL IT WITH \$35.00 MEMBERSHIP DUES

Rick Brown, President

5237 Rowe Trail

Pace, Florida 32571

Fire and Iron for Life