

Green Knight Motorcycle Club

www.msguireknights.org

Name: _____ Date: _____

Rank/Grade _____ Active Duty Guard/Reserves
 Retired Associate Member

Branch of Service: _____ Other: _____

Address: _____

Phone Number: _____ Cell: _____

Email Address: _____

What do you ride!! Type of Bike: (Circle all that apply)

Cruiser // Sport Bike // Sport Tour // Enduro // Touring //

Off Road // other (Please Specify): _____

Year: _____ Make: _____ Model: _____

Number of years of experience: _____

Number of years of experience while riding with a group: _____

Have you ever taken the MSF course? (Circle the one that applies)
YES / NO

If yes, MSF Course Date: _____ Card Number: _____

Please take a moment to tell us what you are looking for in a club?
