



# Circuit Riders Christian Fellowship

Chapter Name

## Application Membership (Please Mark Type Application)

 Associate Member       Supporter Member       Riding Group Member

Name (Please Print) Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: Area Code (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: Area Code (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  Male  FemaleChildren?  Yes  No How Many? \_\_\_\_\_ Occupation: \_\_\_\_\_ Location: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Location: \_\_\_\_\_ Pastor: \_\_\_\_\_

Do you attend regularly?  Yes  No (Your Pastor may be contacted regarding this.)Previous ministering experience?  Yes  No Explain: \_\_\_\_\_Are you born again:  Yes  No Have you been water baptized?  Yes  NoAre you currently a member of a motorcycle club?  Yes  No

**Full membership will be for Christians only.** An associate member may become a full member after the qualifying period of 19 months and with approval by the Chapter President.

**A supporter member** may remain only a supporter member if he/she so desires. If he/she desires to become a full member he/she must meet the full membership qualifications and with approval by the Chapter President.

This is a Christian Fellowship. Godly behavior is expected at all times and in all places. If it is proven that any attire attributed to this fellowship is worn in an ungodly place or while doing some ungodly action, membership with Circuit Riders Christian Fellowship can be revoked. All ministering while wearing colors must be approved by the Chapter President and be done with two or more members. **Remember**, this is a Christian Fellowship and we are to represent it in a Christian manner!

I agree to the above conditions and also agree to hold blameless Circuit Rider Christian Fellowship associated with Circuit Rider Ministries and/or it's leadership blameless in the event of injury or damage to myself or my property.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Position: \_\_\_\_\_

(Must be signed by a Chapter Officer)

Chapter Name: \_\_\_\_\_

**Return this form to the Chapter Representative that issued it to you.**

### Original mailed to:

Circuit Rider Ministries  
P.O. Box 543  
Galliano, LA 70354-0543

### Full Membership Approval

By: \_\_\_\_\_ Chapter President

Date: \_\_\_\_\_ ID #: \_\_\_\_\_