



The Traveling Men
MASONIC RIDERS ASSOCIATION OF NEW JERSEY
MEMBERSHIP APPLICATION

NAME: _____ DATE: ____/____/____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ LODGE: _____

LODGE #: _____ STATE: _____

OCCUPATION: _____

EMAIL: _____

SONS PROSPECTIVE MEMBER : PETITIONED: ____ . EA: _____, FC: _____

SONS MEMBER BLUE CARD #: _____

HOME PHONE #: ____/____/____ CELL #: ____/____/____

MEDICAL CONDITIONS/ALLERGYS: _____

EMERGENCY CALL: _____ # ____/____/____

SON WHO VOUCHES FOR YOU: _____ NONE: _____

MOTORCYCLE(S): _____

SCOTTISH RITE? _____, YORK RITE? _____, SHRINE? _____

KNIGHTS TEMPLAR? _____ OTHER? _____

GRAND LODGE? _____

MILITARY SERVICE?: _____

OTHER CYCLE GROUPS? _____

APPROVED: _____ NOT APPROVED: _____ DATE: ____/____/____

CHAPTER PRESIDENT SIGN: _____

BOARD PRESIDENT SIGN: _____