

Patriot Rivers Rhode Island Chapter 1

Membership Application

Welcome to the Patriot Riders of America Rhode Island Chapter 1. Below you will find information regarding membership. If you have any questions after reviewing, please see any current member.

Application and Membership Process

- Membership is open to all those with an interest in our mission statement and are at least 21 years old, 18 if in the military
- New applicants may be subject to a background check, executed at the discretion of the board of directors
- New applicants must complete a minimum of six commitments within twelve months to be eligible for full patched membership

General Membership Information

- To maintain membership in good standing one must
 - o Attend no fewer than three PRRI functions (meetings or rides) in a given calendar year;
 - Participate in no fewer than three PRRI coordinated events (ie, Bike Runs, Comedy Show, Vets Breakfast, etc);
 - Have dues paid to date

Senior Membership Information

- Senior membership is granted to anyone over the age of 65 who would like to participate in events but does not need to meet the financial or work requirements of a Patched Member
- Recognized as a Patched Member
- Must pay initial application/setup fee
- Exempt from monthly dues, but must pay for events they wish to attend

Dues

- Dues are \$5 per month
- If a member pays dues in full by the March meeting, the annual dues will be \$50

The above information is meant as an overview of the membership process. A full breakdown of all rules and regulations can be found in our bylaws.



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- This membership is for those a rider or passenger. The approximate tape and your handle is awarded the back patch, wh Non-Patched Membership (\$30 applications) - This membership is for those for purchase.	ation/setup fee; \$5 monthly dues) e who do not want to wear a vest. Member tee shirts are available	
Senior Membership (\$30 application/se	etup ree)	
 This membership is for those who are over 65 and would like to participate in events, but does not need to meet the monthly dues or work requirements of a patched member. 		
Member Contact Information (please print) First Name Street Address City Email Address	Last Name Street Address 2 State Zip	
Phone Number (cell preferably)	Date of Birth	
	2	



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Emergency Contact Information First Name Contact Phone Number Contact Re	lationship	
Riding Member Information Nickname/Handle		
I understand that the Patriot Riders of America Rhode Island Chapter 1 does not assume responsibility for any aspect of my safety, and that if I participate in any Patriot Rider events, I do so voluntarily on my own assessment of my ability, the routes, and all facilities and conditions, assuming all risks; I release and hold the Patriot Riders of America Rhode Island Chapter 1, its members and officers, harmless for any injury or loss to my person or property which may result. I also hereby certify that I am in compliance with Rhode Island financial responsibility laws regarding carrying of proper insurance.		
Signature Date		