

**BLUE KNIGHTS INTERNATIONAL LAW**

**ENFORCEMENT MOTORCYCLE CLUB**

**Maryland Chapter-I**

*Post Office Box 52*

*Bladensburg, MD 20710*

September 5, 2019

**MEMORANDUM:**

**TO:** General Membership

Blue Knights International, LEMC Inc

Maryland Chapter I

**RE:** 2020 Membership Renewal

Effective CY 2019, each Blue Knight chapter is responsible for verifying and reporting membership data electronically as part of their annual renewals. To ensure that accurate information is being reported for each member, you are asked to provide the below listed information by ***December 14th, 2019.*** In addition, please mail your forty dollars ($40.00) fee, in either a check or money order, made payable to *Blue Knights, Maryland 1,* along with the requested information to Blue Knights Maryland I, P.O. Box 52, Bladensburg, Maryland 20710. Cash payments will be accepted at the General Membership meeting. If your payment **AND** form is not received, you will no longer be identified as a renewing member of the *Blue Knights.*

**Mandatory membership reporting information:**

Name Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Init:\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an Officer of the Chapter, state position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Life member: (Y)\_\_\_\_ (N)\_\_\_\_

**Optional information for chapter (not to be disseminated, emergency use only)**

Emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other pertinent information (i.e., allergies, medications, secondary contacts, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Byron B. Hope

Treasurer