



Milwaukee Chapter Road Captain Application Form



Name: _____

Nickname: _____

Phone:	Preferred contact number?
Home: _____	()
Work: _____	()
Cell: _____	()

Email address: _____

Have you completed an advanced rider's course? Yes No

Have you completed 'Accident Scene Management'? Yes No

When (month and year) ? Basic: _____

Advanced: _____

Refresher: _____

Expires: _____

If not, have you scheduled training? Yes No

When?

Have you completed AED/CPR training? Yes No

Do you have a CB on your bike? Yes No

Do you have Flag Holders on your bike? Yes No

Being a Milwaukee Chapter Road Captain requires devoting a significant amount of time, not only to riding, but participation in Chapter activities. Are you willing to devote time to the Chapter for this privilege? Yes No

Applicants Signature: _____ Date: _____

The above information is true and accurate to the best of my knowledge.

Administrative Use:

Submitter (initials): _____ Date: _____