

Application Form For Milwaukee Chapter ROAD CAPTAIN Position

Name: _____

Nickname: _____

Phone:
Home: _____ Cell: _____ Work: _____

E-mail address: _____

How long have you been a member of the Milwaukee Chapter? _____

How many years have you been riding? _____ Annual Riding Miles? _____

Do you have a motorcycle license? CIRCLE ONE
YES NO

Have you completed a "Motorcycle Safety" or "Rider's Edge" course? YES NO

Have you completed "Accident Scene Management"? YES NO
When (month and year)?

Basic: _____ Advanced: _____ Refresher: _____

Not Required To Have. Do you have? CB _____ Flag Holders? _____

***** ROAD CAPTAIN USE ONLY *****

Submitted by: _____ Date: _____

Riding Ability: _____

Participation: _____

Helpfulness: _____

Personality: _____

Comments: _____

Approved: _____ Date: _____ Remain on List: _____ Date: _____