

Calvary Riders Motorcycle Ministry

A Ministry of Fellowship for the Motorcycle Enthusiast TM


INSTRUCTIONS: ONE NAME PER APPLICATION, COMPLETE THE DOCUMENT IN ITS ENTIRETY, AND PLEASE PRINT CLEARLY

CHAPTER PETITION APPLICATION

KEY CONTACT PERSON'S INFORMATION

Name:		
Road Name:	Date of Birth:	
Address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	
E-mail Address:		

PETITIONING CHAPTER'S INFORMATION

Proposed Chapter Name:	
Can you give the time and energy to something like this?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you held a meeting with those that share your desire to pursue the formation of a chapter in your geographical area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a need for a CRMM chapter in your geographical area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How do you plan to meet the need for a CRMM chapter in your geographical area? What will be your outreach focus?	
	
Have you performed a promotional campaign or developed a steering committee?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How will you develop the membership base for your chapter?	

CHAPTER PETITION APPLICATION

Are there any conflicts or political issues with any motorcycle clubs in your geographical area that would prevent the formation of a CRMM chapter? YES NO If so, please explain.

Is there any other CRMM chapter in your geographical area? YES NO

If yes, please list the CRMM chapter and the distance from you:

What will be the geographical area to be covered by your chapter?
(Most of the assigned chapter territories are described by county or ZIP code)

I, the undersigned, being a Born Again believer in Jesus Christ, have read, understand, and agree with Calvary Riders Motorcycle Ministry's vision, mission, purpose, beliefs, values, and goals.

Applicant's Signature _____ Date: _____

Please return completed Chapter Petition to:

CRMM
32 Turtledove Circle
Hemingway, SC 29554