



**Municipal Motorcycle Officers  
Of California**

\*

**1604 Jones St.  
Minden, NV. 89423  
Office (707) 948-6662**



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

**ACTIVE MEMBER**: defined as a person presently or previously employed by a STATE, COUNTY OR MUNICIPAL, law enforcement agency within the State of California as a two-wheeled Motorcycle Officer.

**ASSOCIATE MEMBER**: may be a Police Officer, Deputy Sheriff, Reserve Officer, Judge, District or City Attorney or those who are similarly employed as defined in the Municipal Motorcycle Officers of California by-laws.

**HONORARY MEMBER**: may be a person accepted by the MMOC Board of Directors who desires and qualifies to be associated with the Municipal Motorcycle Officers of California.

**TWO-WHEEL MOTORCYCLE CLASSIFICATION: (Check appropriate box)**

I am, or was previously, an **ACTIVE** motorcycle officer within the State of California: Yes ☐

Starting Date: \_\_\_\_\_ Previous Riding Dates: From \_\_\_\_\_ to \_\_\_\_\_

I qualify as an **ASSOCIATE MEMBER** who has never ridden a two-wheeled motorcycle for a State, County, or Municipal law enforcement agency: Yes ☐

I desire to be an **HONORARY MEMBER** of the Municipal Motorcycle Officers of California: Yes ☐

For Reinstatement (check one): Active Membership ☐ Associate Membership ☐ Honorary Membership ☐

*I certify the forgoing facts are true and hereby submit my application for MMOC membership (to the above listed address), along with my dues which are paid from July 1<sup>st</sup> through June 30<sup>th</sup> at the rate of \$36 per year or \$150 for a period of five (5) years.*

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Recommended by: \_\_\_\_\_ (Signature of Active Member Only)

Recommended by: \_\_\_\_\_ (Print name)

**OFFICE USE ONLY**

Date received: \_\_\_\_\_ Amt. Received: \_\_\_\_\_ Check #: \_\_\_\_\_ PayPal ☐ Cash ☐