



Municipal Motorcycle Officers
Of California

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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 1st through June 30th at the rate of \$36 per year or \$150 for a period of five (5) years. (PLEASE INCLUDE A COPY OF YOUR GOVERNMENTAL JURISDICTION ISSUED IDENTIFICATION CARD, WITH PHOTOGRAPH.)

Date: _____ Applicant Signature: _____

Recommended by: _____ (Signature of Active Member Only)

Recommended by: _____ (Print name)

OFFICE USE ONLY: Date received: _____ Amt. received: _____ Check #: _____ PayPal Cash