



# Blue Knights® International

## Law Enforcement Motorcycle Club, Inc.

### 2007 OFFICIAL MEMBERSHIP APPLICATION

38 Alden Street • Bangor, Maine 04401

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### Section 1: Personal Information

Name \_\_\_\_\_  
(last) (first) (middle)  
 D.O.B. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State / Prov \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Section 3: Motorcycle Information

Do You Own a Motorcycle?  Yes  No  
 Motorcycle Registration Number \_\_\_\_\_  
 Do You Have An Operators License?  Yes  No  
 License Number \_\_\_\_\_

### Section 5: Employment Information (Retirees go to Section 6)

Are you employed by a Governmental Law Enforcement Agency?  Yes  No  
 Governmental Agency: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Immediate Supervisor's Name: \_\_\_\_\_

What is your position with the department? \_\_\_\_\_  
 Is this position:  Full-Time - 32 hours or more per week  
 Part-Time - less than 32 hours per week & minimum 96  
 hours per year.

Are you empowered by "statute" to have arrest powers at all times while on  
 duty?  Yes  No  
 Do you receive pay or monetary compensation from a Governmental Agency?  
 Yes  No  
 What type of pay or monetary compensation do you receive? \_\_\_\_\_  
 Paycheck  Workman's Compensation  Other

#### APPLICANT MUST COMPLETE

By signing here I, \_\_\_\_\_  
 understand that Blue Knights Intl., the local chapter or their designees may  
 contact my department to verify information that may affect my eligibility.

#### CHAPTER MUST COMPLETE

Chapter Name and Number \_\_\_\_\_  
 Conference Name \_\_\_\_\_  
 Member Sponsored By \_\_\_\_\_

### Section 2: Please check the one that applies

New Member  
 Transferring Member  
 Change of Employment Status  
 Previous Membership Info  
 Chapter(s) \_\_\_\_\_  
 Years of Membership \_\_\_\_\_

### Section 4: Membership Status Applied For

(see back of application for requirements)

Regular  
 Associate  
 Honorary  
 Special Honorary

### Section 6: Regular, Early or Disability Retirement

#### Please Read Before Completing

Did you retire from a Governmental Law Enforcement  
 Agency by reaching the years of service required to retire  
 with a full retirement?  Yes  No

Did you take an early retirement?  Yes  No  
 \*Attach a copy of your early retirement award letter

Was your retirement disability related?  Yes  No  
 \*Attach a copy of your disability retirement letter / cert.

Did you retire from the military?  Yes  No  
 \*Attach a copy of your DD-214 or it's equivalent

Governmental Law Enforcement Agency you retired  
 from: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

Last Supervisor's Name: \_\_\_\_\_  
 Position with your department? \_\_\_\_\_

Was this position  Full-Time or  Part-Time?  
 How many years did you serve this department? \_\_\_\_\_  
 # of years w/ all Governmental L.E. Agencies? \_\_\_\_\_

Were you empowered by "statute" to have arrest powers  
 at all times while on duty?  Yes  No

Do you receive a retirement income from a  
 Governmental LE Agency?  Yes  No

Will you at some time receive a retirement income from a  
 Governmental LE Agency?  Yes  No

\* Documents must be attached. Your application will not be accepted without it.

**Section 1. REGULAR MEMBERS.**

Full time employee's of a governmental LEA.(32 hrs./wk min.) Must have Powers of Arrest by Statute while on duty.  
Persons receiving disability income or job re-assignment due to injuries while in law enforcement employment, or who are receiving income for full-time employment, by a govt. LEA are eligible for regular membership.  
Person's who have served 20 yrs or more and have been a Blue Knight for 1 yr or more, who have taken a retirement option and have taken a separation from law enforcement employment, under honorable circumstances and will at some time receive retirement income for full-time employment by a govt. LEA are eligible for Regular Membership.  
Person's who are presently Regular members for 1 yr or more and have served 15 yrs or more with a LEA who have honorably separated from a LEA are eligible for Associate membership. (Proof of honorable separation required)  
Person's who are presently Regular members for 5 yrs or more, and have served 10 yrs or more with a LEA who have honorably separated from a LEA are eligible for Associate membership. (Proof of honorable separation required)

**Section 2. ASSOCIATE MEMBERS.**

Persons who are employed on a part-time basis (less than 32 hours per week, min of 96 hrs per yr) by a Govt. LEA and receiving monetary compensation for such employment and must have Powers or Arrest by Statute while on duty.  
Persons who have been employed on a part-time basis (less than 32 hours per week, min of 96 hrs per yr) by a Govt. LEA for 15 yrs or more and have been a Blue Knight for 5 yrs or more and have taken an honorable separation are eligible for Assoc. membership.  
(Proof of honorable separation required)  
A person may also qualify for Assoc. membership, per Article 6, Section 1, paragraph 4 of the Constitution.

\*\*\*All Regular and Associate members must be licensed to drive a motorcycle by the State/Prov., in which they reside and must own a motorcycle, except persons who qualify but do not own a motorcycle, can become members if they acquire ownership within 6 months of becoming a member.

**Section 3. HONORARY MEMBERS.** Honorary members must be persons who have substantially contributed to the promotion of the Corporation and to the purposes for which the Corporation is organized. Honorary membership in any given chapter may not exceed more that ten percent (10%) of the previous year's membership of Regular, Associate and Life members.

**Section 4. SPECIAL HONORARY MEMBER.** Persons must be an ordained member of a recognized religious order. There can be only one Chaplain per chapter.

MISCELLANEOUS DEFINITIONS

**GOVERNMENTAL LAW ENFORCEMENT AGENCY OR DEPARTMENT:**

Any agency that is duly formed and is a State, Province, Nation or Country recognized, whose primary function is to deal directly with the enforcement of criminal and/or vehicle and traffic statutes/laws of their respective jurisdictions or is responsible for the prosecution, incarceration or supervision of offenders.

**ARREST AUTHORITY**

Employees of a Governmental Law Enforcement Agency or Department who must be empowered "by statute" to arrest offenders (other than as a private citizen) at all times while on duty. Said employees must receive monetary compensation (as defined) from their respective agencies.

**MONETARY COMPENSATION:**

1. A salary in its normal meaning or workman's compensation benefits. If a salary is received, it must be paid directly to the employee by their respective Governmental Law Enforcement Agency or Department.

A. Salary is deemed to mean money received as compensation for work performed, computed by the hour, day, week, month or year.

2. A pension, which shall be considered any plan approved & recognized by a governmental law enforcement agency or department, which provides compensation to an employee when he/she has retired from service whether paid out in installments or in a lump sum.

**MILITARY PERSONNEL DEFINITION:**

An active member of a National or Federal Government Military Agency whose primary duty (job title or description) is in Law Enforcement, who has the right to detain and has completed a prescribed Military Law Enforcement Training Program and is eligible for Regular Membership. Any Military Personnel that has retired from active duty after serving twenty years or is or will receive Federal or National retirement income, and has the form DD-214 or its equivalent and /or a certified Military History record that identifies the primary duty (job title or description) prior to discharge as Law Enforcement is eligible for Regular Membership. Military Personnel Applicants must meet all qualifications as defined in Article 6 of the Constitution.

**CERTIFICATION TO BE COMPLETED BELOW BY CHAPTER VICE PRESIDENT OR PRESIDENT**

I, \_\_\_\_\_, Officer of Blue Knights Chapter # \_\_\_\_\_  
State/Prov. \_\_\_\_\_ certify the above applicant to be in fact, employed as he has stated in  
his application and found his status for membership to be as submitted.  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_