

# Tennessee Biker's Education Association

Date

## Membership Application Form 2008-2011

Club Name		Your Full Name (Please Print )		Your Position In Club		
Address			City		State	Zip Code
Applicant home phone	Cell phone		Fax Number	AKA - Name		Club Established Date
Applicant home email address			Club Email Address		No. Of Members In Club	Is Club Chartered
US Citizen	Bike Owner		Registered Voter	Motorcycle Licensed		CPR Training

## Emergency Contact Information

Club Name		Your Full Name (Please Print )		Your Position In Club		
Address			City		State	Zip Code
Home phone	Cell phone		Fax Number	AKA - Name		
Home email address			Club Email Address			

## Sponsorship Information

Club Name		Your Full Name (Please Print )		Your Position In Club		
Address			City		State	Zip Code
Sponsor Home phone	Cell phone		Fax Number	AKA - Name		Club Established Date
Sponsor Home email address			Club Email Address		No. Of Members In Club	Is Club Chartered

What sparked your Clubs Interest in becoming a TBEA member?

What qualifications will your club bring to enhance this Associations growth process?

What do you as President expect your club to get out of being a TBEA member?

In signing this membership Application Form, I am stating that my club is ready today to start the necessary probation period with T.B.E.A. I have been briefed verbally of this association expectations of me and my club members.

Applicant's Signature ( New Club President )		Date
Sponsor Signature		Date
TBEA President / Vice President Signature		Date

# **TN BIKERS' EDUCATION ASSOCIATION**

[www.tnbikerseducationassociation.org](http://www.tnbikerseducationassociation.org)

## **Our Mission**

To bridge the gap between the births of new clubs coming in, along with the existing established Motorcycle and Social Clubs in Davidson County and surrounding areas in making a positive impact within our communities.

## **TBEA Purpose**

To promote unity and safety in motorcycle riding and the motorcycle community. In addition to giving back in our community by promoting charitable events and community services.

## **The Vision**

TBEA will prosper with the Loyalty and Respect of its Members.

## FAQ

### **Q: What is the TN Bikers Education Association?**

**A:** A group of like minded sisters and brothers in the motorcycle and social community with a vision of sharing and a common goal.

### **Q: What is your purpose?**

**A:** To educate each other and bridge the gap between the various clubs in our region.

### **Q: What is your mission?**

**A:** To make a positive impact within our communities.

### **Q: Are you a profit organization?**

**A:** No, we are chartered as a not for profit organization the funds we raise are earmarked for community projects.

### **Q: Can anyone join this Association?**

**A:** We encourage all M/C's & S/C's to get involved. The closing date for open registration was December 28, 2008. At that point candidates for new membership will have to be sponsored by an active TBEA member club. MC's are sponsored by MC's and SC's are sponsored by SC's. There is no open registration month. All new applicants will be accepted or rejected by the board of directors based on facts presented.

### **Q: Are their dues involved?**

**A:** No monthly dues. There is a small Annual Fee per club, which is used to help fund our mission.

**For further information or clarification please contact.**

TBEA President: C.O. 615-838-3162

Email: blue01harley@aol.com

TBEA Vice President: Big J 615-578-4082

Email: boldridersmc@gmail.com

# State of Tennessee



## Department of State

Corporate Filings

312 Rosa L. Parks Avenue

6<sup>th</sup> Floor, William R. Snodgrass Tower

Nashville, TN 37243

For Office Use Only

### CHARTER (Nonprofit Corporation)

The undersigned acting as incorporator(s) of a nonprofit corporation under the *Tennessee Nonprofit Corporation Act* adopts the following Articles of Incorporation.

1. The name of the corporation is: \_\_\_\_\_

2. Please complete all of the following sentences by checking one of the two boxes in each sentence:

This corporation is a  public benefit corporation /  mutual benefit corporation.

This corporation is a  religious corporation /  not a religious corporation.

This corporation will  have members /  not have members.

3. The name and complete address of the corporation's initial registered agent and office in Tennessee is:

_____	_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>

4. List the name and complete address of each incorporator:

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

5. The complete address of the corporation's principal office is:

_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>

6. The corporation is not for profit.

7. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time are:

Date \_\_\_\_\_, \_\_\_\_\_ Time \_\_\_\_\_ (Not to exceed 90 days.)

8. Insert here the provisions regarding the distribution of assets upon dissolution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Other provisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Incorporator's Signature

\_\_\_\_\_  
Incorporator's Name (typed or printed)