

Application

GENERAL INFORMATION

First Name	Middle Initial	Last Name	
Date of Birth			
Address			
City	State	Zip Code	_
Phone Number	Email		_
CURRENT HIGH SCHOO	DL (if applicable)		
Name			_
Address			
City	State	Zip Code	-
Phone Number	Cumulative GPA	A	
Anticipated Graduation D	Pate		

Applicant must send the all items together via email to SikhMotorcycleClubUSA@gmail.com by December 15th, 2020. For additional information please contact Satnam Singh at info@sikhmotorcycleclubusa.org

CURRENT COLLEGE	(If applicable)	
Name		
Address		
City	State	Zip Code
Major		Cumulative GPA
Anticipated Graduatio	n Date	
CURRENT ACADEMY	(If applicable)	
Name		
Address		
City	State	Zip Code
Phone Number	Department	
Start Date	Anticipated Gradua	ation Date
SIGNATURE	Date	

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