



www.bikersdown.com

# Application for Assistance

This society operates in and supports members of the Nova Scotia biker community as outlined in detail on our website

Applicant Name:			
Mailing Address		City, Prov. Postal Code	
Home Phone #		Cell Phone #	Email Address
Drivers Licence #		Class Type	

**Description of Accident**  
**(Please use back of application form if not enough space below)**

Date of Collision:		Location:	

Were you issued a police ticket as a result of this collision? If so, please describe:


**In order to assist us in determine how much Bikers Down Society will provide, please give us some background:**

Can you describe the situation that brings you to as for financial assistance (be specific as possible)?


