

■ AHRMA MEMBERSHIP APPLICATION

Send to: **Membership, AHRMA National Office, 2375 Midway Road SE, Bolivia, NC 28422.**

Fax applications with credit card payment to: 910-253-8313. Information: 910-253-8012

New member Renewal — AHRMA # _____

Name _____ AMA # _____

Address _____ E-mail _____

City/State/Zip/Country _____

Telephone—evening _____ daytime _____

Date of birth _____ Occupation _____

All applicants (new and renewal) MUST sign below in order for your application to be processed

Membership Types/Dues Rates

- Competition member—\$45** (Includes competition & voting privileges, decals, membership card, annual handbook. Only U.S. residents receive Vintage Views.)
- Nonracing member—\$30.** (Includes everything above except racing privileges. Available to U.S. residents only.)
- 1st class delivery of Vintage Views—add \$10.** (U.S. only.)
- Vintage Views for Canadian or Mexican members—add \$10.**
- Vintage Views for all other foreign members—add \$20.**

Competition Preferences (check all that apply)

- Roadrace**—list one or more racing number choices: _____
Important: Before AHRMA issues a roadrace number, you must provide proof that within the past two years you have either successfully completed a roadrace school or competed with another roadracing organization.
- Motocross**—for post-vintage MX, list one or more number choices: _____. No number choice available for vintage MX.
Skill level: Intermediate Expert **NOTE: A Novice category is available.**
However, new AHRMA MX members must sign up as at least an Intermediate until skill-level status is confirmed, optimally at your first event. At that time, you may be reclassified as a Novice if deemed appropriate.
- Cross Country**—list one or more racing number choices: _____
Skill level: Intermediate Expert (See note above regarding Novice skill level.)
- Dirt Track**—list one or more racing number choices: _____
- Trials**—skill level: Beginner Novice Intermediate Expert

Payment

- Enclosed is a check or money order for \$ _____ check # _____
- Please bill my MasterCard/Visa
Credit card # _____ Expires _____
Signature _____ Date _____

Signature Required for ALL Applicants

Signature _____ Date _____

By applying for and accepting membership in AHRMA, I agree to abide by all rules of the AHRMA Handbook, as well as any event or track rules that may apply.