



American Historic Racing Motorcycle Association  
P.O. Box 1725  
Goodlettsville, TN 37070  
615-851-3674  
Fax 615-851-3678

## AHRMA Benevolent Fund Application

**Names:** \_\_\_\_\_ **Memb#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**AMA Memb #:** \_\_\_\_\_ **Date of app:** \_\_\_\_\_

**Location and Date of Event:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Description of Incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Injuries:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of AHRMA Official Reported to:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Insurance company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information in this request, though confidential, may be subject to verification by the Benevolent Fund Committee. Fill out this form completely and mail or fax it to the address shown at the top of this page.**