



One Event Membership Form

(weekend membership)

Event Name:		Event Date:
Name:		Roadrace Transponder #
Permanent Address:		
City:	State / Province:	ZIP / Postal Code:
Country:	Cell Phone:	Date of Birth*:
Daytime Phone:	Emergency Phone:	Email:

*(21 years or younger must provide proof of age - driver's license, birth certificate, or school identification with DoB)

One Event Membership fee: \$30.00

This membership may not be renewed for 13 months from the date of original purchase.

One Event (weekend) Membership is not entitled to series points, voting rights or the issuance of the monthly magazine - *Vintage Views*. One Event (weekend) Membership can be upgraded to a full competition membership or an associate (non-racing) membership by contacting the membership office and paying the additional fees due. No back issues of *Vintage Views* will be sent if converted to an annual membership.

The Details (For new members only - Competition preferences)

- Race number preference (for all disciplines - list three or more) #1 _____ #2 _____ #3 _____
- Roadrace - You must provide proof that within the past two years, you have competed with another roadracing organization or have successfully completed a roadracing school (please provide a copy of roadrace license or school certificate)
- Motocross - Indicate discipline(s): Vintage Post Vintage Indicate MX skill level: Intermediate Expert
Note: A Novice category is available. However, new AHRMA MX members must ride as Intermediate or Expert until skill-level status is confirmed, optimally at your first event. At that time, you may be reclassified as a Novice if deemed appropriate.
- Dirt Track
- Trials - Skill level: Beginner Novice Intermediate Expert Master
- Cross Country - Skill level, if different from MX: Intermediate Expert (See note above regarding Novice skill level.)

Payment

- Enclosed is a check or money order for \$ _____ # _____
- Please charge my MC/Visa/Disc/AmEx: Credit card# _____ Expires _____ CVV Code _____
Must include street number and ZIP code for credit card billing address. If different than address above, please provide billing address.
- Benevolent Fund donation \$ _____ or Individual donation to AHRMA \$ _____

By applying for or renewing 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.

Signature (must be signed to be valid and processed) _____ **Date** _____

Mail with payment to:

AHRMA Membership Office: 2375 Midway Rd SE, Bolivia, NC 28422
Fax: 910.253.8313 (payment by MC / Visa / Disc / AmEx)
Scan & email: ccowell@ahrma.org

For more information:

Phone: 910.253.9738
Email: ccowell@ahrma.org
 www.ahrma.org