



AHRMA Lifetime Membership

Membership #: _____

Today's Date: ____/____/____

PLEASE PRINT CLEARLY

(I have to read and enter this info! Thank you!)

Name		Email
Address		
City	State/Province	Zip / Postal Code
Country (if not USA)	Phone	Date of Birth*
Emerg. Contact	Emerg. Phone	Transponder #

Membership

\$850 – Lifetime Full Membership - Includes competition and voting privileges, decals at race event. The quarterly printed issue of the AHRMA MAG is included for US residents only.

Disciplines - competition preferences (if not already in the system):

Road Race – Note: Upon race registration, you must provide proof that you have competed with another recognized road racing organization and/or have successfully completed a road racing school within the **past two years**.

Vintage MX Post Vintage MX Next Gen MX - MX Skill Level: Intermediate Expert

Cross Country - CC Skill Level: Intermediate Expert

Dirt Track

Trials – Trials Skill Level: Beginner Novice Intermediate Expert Master

Skill Level Note: A Novice category is available for MX and Cross Country, however, new AHRMA racers must ride as Intermediate or Expert until skill-level is assessed.

For Off-Road Bike Number assignment, make your request at <https://www.ahrma.org/contact/>. From the Topic dropdown, select Race Number Request for your discipline. For Road Racing, make your bike number request upon race registration.

Payment method: Cash Check Credit Card (card incurs \$2 booking & processing fees, billed from **MSR* MOTORSPORTREG.COM**)

The processing fees for credit card payments will be nearly \$45 for a lifetime membership. If you'd like to avoid that, remit this form and your check to the address below.

Credit Card # _____ Exp. Date: ____/____/____ CVV: _____ Billing zip code: _____

I'd like to donate to: AHRMA \$ _____ Benevolent Fund \$ _____ Safety Fund \$ _____

Total Payment Amount: \$ _____

Signature: _____ Date ____/____/____

By applying for or renewing AHRMA membership, or as an AHRMA member, I agree to be bound by and comply with all AHRMA's rules and requirements, and any and all applicable track or event rules or requirements.

Receipt for AHRMA Membership Payment

Event _____ Date ____/____/____ Amount Rcvd: \$ _____

Received by: _____ Payment method: Cash Check Credit Card

Phone: 888-412-4762 | Email: membership@ahrma.org | Website: www.ahrma.org | Mail: 8913 Town and Country Circle #1093, Knoxville, TN 37923