



Lifetime Membership Form

Become a Lifetime Member with AHRMA

Have you turned 60 recently? Purchase your lifetime membership for a flat rate of \$650. By doing so, you permanently lock in your membership and avoid any future rate increases. Complete your information and submit with payment to the AHRMA membership office.

Applicant Information: New or Renewal: AHRMA Membership # _____

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

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

Payment

- Enclosed is a check or money order for \$ _____ # _____
- Please charge my MC / Visa / Disc / AmEx: Credit card # _____ Expires _____
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: 5765 Walnut Rd., McClenny, FL 32063
Fax: 615.420.6438 (payment by MC / Visa / Disc / AmEx)
Scan & email: elli.klein@ahrma.org

For more information:

Phone: 321.277.4985
Email: elli.klein@ahrma.org
www.ahrma.org