

RIDER'S MOTORCYCLE CLUB
Membership Application

You must be 18 or older and willing to join the American Motorcyclist Association.

Name: _____

Street: _____

City & Zip: _____

Phone: _____ **Email:** _____

Are you currently an AMA member? _____ **AMA #** _____

How did you learn of the club? _____

Why do you want to become a member? _____

Which type of membership interested in: **Working** **Recreational**

If choice is working are you willing to:

Help with club events? **Yes** _____ **No** _____ **Maybe** _____

Help maintain the clubs property? **Yes** _____ **No** _____ **Maybe** _____

Attend club work days? **Yes** _____ **No** _____ **Maybe** _____

Attend monthly club meetings? **Yes** _____ **No** _____ **Maybe** _____

What motorcycles do you own? _____

What kind of riding do you prefer? _____

Occupation? _____

Other hobbies and interests? _____

Skills you can contribute to the club? _____

Have you ever been convicted of a felony? _____

If yes, explain _____

Signed: _____ **Date:** _____

Riders MC
PO Box 297, Goshen, IN 46527