

# MDRA FAMILY MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ AMA # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

SPOUSE \_\_\_\_\_

## LIST CHILDREN (17 and under):

CHILD #1 \_\_\_\_\_ BIRTH DATE OR AGE: \_\_\_\_\_

CHILD #2 \_\_\_\_\_ BIRTH DATE OR AGE: \_\_\_\_\_

CHILD #3 \_\_\_\_\_ BIRTH DATE OR AGE: \_\_\_\_\_

CHILD #4 \_\_\_\_\_ BIRTH DATE OR AGE: \_\_\_\_\_

## MEMBERSHIP REASONS: \_\_\_\_\_

\_\_\_\_\_ Road & Touring \_\_\_\_\_ Racing

\_\_\_\_\_ Dual Sport \_\_\_\_\_ Motocross

\_\_\_\_\_ Trail Riding \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ # Motorcycles Owned \_\_\_\_\_ # ATV's Owned

\_\_\_\_\_ # Years Riding Experience \_\_\_\_\_

SIGNATURE \_\_\_\_\_ AGE \_\_\_\_\_

SPONSOR'S (1) \_\_\_\_\_ (2) \_\_\_\_\_

## MDRA USE ONLY

MEMBERSHIP # \_\_\_\_\_

DATE: \_\_\_\_\_ DATE VOTED: \_\_\_\_\_ ACCEPTED: yes or no