

MDRA Membership Application

Sponsors must be present with new member at meeting

NAME _____ AMA# _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Emergency # _____

EMAIL _____

SPOUSE _____

List children 17 and under. Children 18 and older need their own membership.

Child 1 _____ AGE _____

Child 2 _____ AGE _____

Child 3 _____ AGE _____

Child 4 _____ AGE _____

Reason for Membership _____

___ Road & Touring

___ Racing

___ Dual Sport

___ Motocross

___ Trail Riding

___ Other _____

___ # of Motorcycles owned

___ # of ATVs owned

___ years riding experience

Signature _____ Age _____

Sponsor 1 _____

Sponsor 2 _____

MDRA USE ONLY: DATE VOTED _____ ACCEPTED: YES NO