

MTA Membership Application (please print clearly)

AMA # _____ (If you are a member) Membership # _____
(for renewals only)

Member Name: _____
(First) (Initial) (Last) (Age)

Associate Name: _____
(First) (Initial) (Last) (Age)

Mailing Address
 Street or P.O. Box: _____ Phone Number: (____) _____

City: _____ State/Province: _____ Postal Code: _____

E-mail Address: _____ Motorcycle Make/Model _____

Optional Emergency Road Service Program—Just \$28.00 Year (U.S. funds)

The following information is necessary for the Emergency Road Service Program. You can register as many bikes as you own (none older than 1980), but YOU MUST be the driver to be covered. Coverage expires on the expiration date of your membership. This program has no grace period. If an associate member drives their own bike and would like ERS coverage they must also pay the \$28.00 (U.S. fund) fee.

* Coverage is limited to the first \$100.00 of each tow. Certain restrictions apply.

	Year	Make	Model	License Plate #
Bike #1	_____	_____	_____	_____
Bike #2	_____	_____	_____	_____

NEW Regular Membership **1 year** **\$40.00 US funds** \$ _____
 Includes Pin. Embroidered Patch, Membership Card, 6-months of Motorcycle Roads as per new membership rules, Annual Tour Directory, and numerous discount opportunities.

Regular Membership Renewal **1 year** **\$20.00 US funds** \$ _____

NEW Associate Membership **1 year** **\$10.00 US funds** \$ _____
 Must be sponsored by Full Member. Includes all of the above.

Associate Membership Renewal **1 year** **\$5.00 US funds** \$ _____

Emergency Road Service (Only with Membership) **\$28.00 year US funds** \$ _____

Total Amount Enclosed (Outside North America — Add \$8.00 per year to cover extra mailing cost) \$ _____

Referred by (for recruiter credit) _____ **MTA #** (if known) _____

Method of Payment: Check or M.O. Visa Master Card

Member Signature: _____ Associate Signature: _____

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Annual Tour Directory — MTA Fellow Pages

Please include My Name and Telephone Number Please Do Not List

Please Include My e-mail Address

Additional Services I can provide to fellow members are:

Pickup-Up Truck/Bike Trailer Tent Space Lodging Tech 'N Tools

Where did you hear about the MTA? _____

Will you be joining a Chapter? Yes _____ No _____
(If yes, Name of Chapter)

Motorcycle Touring Association • N7068 Cty Rd. C • Casco, WI 54205
Toll Free: 877-833-3687 • Phone & Fax 920-/837-7325 (call for Approval)