

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 _____

How would you like the newsletter sent to you? By Internet _____ or by Snail Mail _____ please check one

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 Membership** **1 year** **\$40.00 US funds** \$ _____
Includes Pin. Embroidered Patch, Membership Card, 6-months of Motorcycle Roads as per new membership rules,

___ **Renewing Membership** **1 Year** **\$20.00 Us Funds** \$ _____
Includes Membership Card, downloadable Motorcycle Roads Mag.

___ **Renewing Membership For Mailed Magazine** **1 Year** **\$30.00 US Funds** \$ _____
Includes Membership Card and a mailed copy of the Motorcycle Roads Mag.

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

___ **Renewing Associate Membership** **1 Year** **\$5.00 US Funds** \$ _____

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

Total Amount Enclosed (For overseas members only — 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)

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