



# AMRA Inc.

American Motocross Racers Association Inc.

## **MEMBERSHIP APPLICATION**

If rider/member is a minor, parental consent is required. Proof of Guardianship may be required. Identification required for all members. Membership Fee is \$25.00 per rider, Make checks payable to AMRA.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ DOB: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**All Members MUST provide proof of age.**

\_\_\_\_ Birth Certificate \_\_\_\_ Driver License \_\_\_\_ Other

Current Ranking (circle one): Mini Beginner Novice Amateur Expert

Racing Age (age as of 1/1): \_\_\_\_\_

Bike Size: \_\_\_\_\_ Bike Make: \_\_\_\_\_ Bike #: \_\_\_\_\_  
(Please provide 3 choices. Numbers will be provided on first come first serve basis.)

Bike Size: \_\_\_\_\_ Bike Make: \_\_\_\_\_ Bike #: \_\_\_\_\_  
(Please provide 3 choices. Numbers will be provided on first come first serve basis.)

I hereby release and agree to hold harmless the American Motocross Racers Association, Inc. Promoters, track owners, and lessees of the property, participants, officers, officials, representatives, and employees from all liability, loss, etc.

\_\_\_\_\_  
Riders Signature

\_\_\_\_\_  
Date

**Members under the age of 18 must have a parent or legal guardian authorization to become a member of the American Motocross Racers Association, Inc.**

As the parent or legal guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, I hereby give permission for the rider to participate in the American Motocross Racers Association, Inc. activities and events during the \_\_\_\_ season, and I assume all responsibility for any injuries or damages which may be sustained by rider and/or equipment as a result of participation in any AMRA event.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Please send \$25.00 membership fee and proof of age to:  
**AMRA Inc, 62 Columbus St, Auburn, NY 13021**