MAMA 2019 APPLICATION

FOLLOW US ON

MAMA Member #_____
Date Recieved _____
Rider # Issued _____
Check No._____
Cash Y N
Card Issued? Y N
Referred by_____

Please mail the application and fees to:

Middle Atlantic Motocross Association
PO Box 143
Chesapeake City, MD 21915
For Questions, please call 443-669-3007

membership@mamamx.com

Racer (Competition) Membership: $40
Non Racer (Recreation) Membership: $10

2018 Riding Number _____
2019 Number Choice _____

Check appropriate box:
- ☐ Adult
- ☐ Youth
- ☐ Racer $40 -those who are racing in 2019
- ☐ Non Racer $10 -those who are not racing but want to be a member of MAMA, no AMA membership required
- ☐ New
- ☐ Renewal - Year Joined _____

AMA # |__|__|__|__|__|__|__| EXPIRATION DATE|__|__/__|__|# OF YEARS AMA MEMBER|__|__|

NAME|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|

LAST FIRST MI

DATE OF BIRTH|__|__|-|__|__|-|__|__|__|__| AGE|__|__| SEX M F

ADDRESS|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| APT|__|__|__|__|

CITY|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| STATE|__|__| ZIP|__|__|__|__|__|

PHONE|__|__|__|-|__|__|__| - |__|__|__|__| CELL PHONE|__|__|__|-|__|__|__| - |__|__|__|__|

**EMAIL ADDRESS|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__