

**Oregon Trail Chapter of the AMCA Membership Application**

# Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse:

# Address: City, State, Zip:

**AMCA** # *(required ) :*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email address:

We'd like to know more about our members. (Pictures are also appreciated!)

First motorcycle, make/model?

Who introduced you to riding?

First/early riding experiences

Current motorcycles

Motorcycle reports (long trips, memorable rides)

Competition experiences

Why did you join the Oregon Trail Chapter?

**You can join/ renew online at http:// www.antiguemotorcycleoregon..com or send this completed form and $15 (individual) or $30 (couple) dues to:**

**John Davey, OTC Treasurer, 2165 Norwood St, Eugene, OR 97401** john@riverroofing.com