



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? _____

To join/renew send this completed form and \$15 (individual) or \$30 (couple) dues

to:

John Davey, OTC Treasurer, 2165 Norwood St, Eugene, OR 97401, ph: 541-852-8023 john@riverroofing.com