

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

# Name

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# Address: City, State, Zip:

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

- - - - - - - - - - - - - - - - Phone:

# Email address: Do you want to receive email newsletters from other AMCA chapters? Yes\_\_\_ No \_\_\_

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?

Any Comments or Suggestions?

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

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