



Membership Application

Member #: _____
For Office Use

___ New Member Application

___ Renewing Member # _____

MM/DD/YYYY

Member Name: _____ Member DOB: _____
First, Last

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Primary Mailing Address: _____

City: _____ ST/PV: _____ Zip/Postal Code: _____

USA _____ Canada _____ Other _____

Member Phone number: _____ Member Email: _____

Select One:

Individual Membership: 3 years \$70.00, 2 years \$50.00, 1 year \$30.00

Family Membership (2 or more people in household): 3 years \$85.00, 2 years \$60.00, 1 year \$35.00

Payment Method: **Visa** **Master Card** **Discover** **American Express**

Name on Card: _____ Card #: _____

Expiration Date: _____ CVV (security code) on back: _____ Billing Zip Code: _____

I currently own the following motorcycle brands: (please select all that apply)

Honda Harley-Davidson Indian BMW Yamaha Suzuki Kawasaki Ducati Triumph

Can Am Moto Guzzi Other: _____

Where did you hear about us? (Example: magazine, website dealer, etc.): _____

New Member – Who referred you? Name _____ Member # _____

Date: _____

Signature: _____

Signature: _____

(Note: Only two signatures required for family membership)

Make check payable in U.S. funds to: **Eagle Wings Motorcycle Association** and mail to:
6635 W. Happy Valley RD., Suite A104-443, Glendale, AZ 85310.

Revision Date: 1/01/2025