

Oregon Trail Chapter of the AMCA Membership Application

| Name | Spouse: |
|------------------------|--|
| Address: | |
| City, State, Zip: | |
| AMCA # (required) : | Phone: |
| Email address: | |
| We'd like to know r | nore about our members. (Pictures are also appreciated!) |
| First motorcycle, ma | ke/model? |
| Who introduced you | to riding? |
| First/early riding exp | periences |
| Current motorcycles | |
| Motorcycle reports (| (long trips, memorable rides) |
| Competition experier | nces |
| Why did you join the | e Oregon Trail Chapter? |
| | |

To join/ renew send this completed form and \$15 dues to:

John Davey, OTC Treasurer, 2165 Norwood St, Eugene, OR 97401, ph: 541-852-8023 john@riverroofing.com Annual dues are paid on calendar year basis and are due by January 15th each year. Individuals newly joining after September 1st will have dues applied to the following year.