



Oregon Trail Chapter of the AMCA Membership Application

Member Name: _____ Spouse: _____

Address: _____

City, State, Zip: _____

AMCA # (required): _____ Phone: _____

Email address: _____

Do you want to receive email newsletters from other AMCA chapters?

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.amcaotc.org> or send this completed form and \$10 to:

Shannon Kelley, OTC Secretary, 20000 NE Jaquith Rd, Newberg, OR 97132-6694