



AMO Racing Membership Application

FIRST NAME _____ LAST NAME _____

ADDRESS _____ APT # _____

CITY _____ PROVINCE _____

POSTAL CODE _____ DATE OF BIRTH ____/____/____ AGE ____
YEAR MONTH DAY

CARD HOLDER OCCUPATION - _____

EMAIL ADDRESS _____

CELL PHONE () _____ EVE PHONE () _____

TRANSPONDER # _____

MOTORCYCLE: YEAR _____ MAKE _____ MODEL _____

SPONSORS:

Cost - \$100 Single 1 Year Membership
\$160 Family Membership 1 year

METHOD OF PAYMENT:

CHEQUE

Make Cheque out to: AMO Racing Corp.
Mail to: AMO Racing Corp.
83 Everton Dr Gilford, Ontario CAN
L0L1R0

CASH

VISA

MASTER CARD

CREDIT CARD #

EXP. DATE

CVV #

SIGNATURE

Be sure to follow www.amoracing.com for schedule, rules, class structure, and general info.
Follow socially @reloadedamo Twitter/Instagram as well AMORacingReloaded on Facebook
Contact - email amoracingreloaded@gmail.com or call 1416-409-5402