



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