

2012 Club Promoting Charter application

(Eligible to sanction AMA/ATVA events and vote for AMA/ATV Congress Delegates)



Chartering Requirements

- Payment must accompany charter application.
- President is required to sign below.
- New clubs or clubs that have not renewed charter for two or more years must submit a copy of their Constitution/By-Laws and two letters of recommendation from business associates or organizations in their area on company letterhead.
- Charter Application is required annually, and expires Dec. 31 of the calendar year.
- All Club Officers including Contact Person are required to maintain current AMA/ATVA membership.

| Address E-mail Address Phone Web Address (All mail is sent to above address and it will be published or Contact Person Address Club Legislative Officer | 2nd 2nd Fax n AMA/AT | E-mail | State | | | | | |
|---|--------------------------------------|---|---------------------------|--|--|--|--|--|
| Phone | 2nd Fax n AMA/AT | Phone | | | | | | |
| Web Address | Fax n AMA/AT | | | | | | | |
| All mail is sent to above address and it will be published or Contact Person Address | n AMA/AT | | | | | | | |
| Address | AMA | VA websites) | | | | | | |
| | | 4/ATVA # | Phone | | | | | |
| Club Legislative Officer | City | | State | Zip | | | | |
| 5105 2 0910101110 6 111001 | | | | Zip | | | | |
| Address | | | | | | | | |
| President | | | | | | | | |
| Address | City AMA/ATVA # | | | Zip Zip | | | | |
| Secretary | | | Phone | | | | | |
| Address | | | | | | | | |
| Referee | | | | | | | | |
| Address | | , | | Zip | | | | |
| Risk Management Officer (RMO) | | A/ATVA # | | | | | | |
| Address | | | State | | | | | |
| A Risk Management Workshop is required every year to mai http://www.AmericanMotorcyclist.com/asp/organizers/resoutave you completed the RMW? No Yes (Workshop is required every year to mai http://www.AmericanMotorcyclist.com/asp/organizers/resoutable.) | urces/rmw | | ure to view and send in y | | | | | |
| Please Check One (Eligible to Sanction AMA Competiton and Recreation | on Events) | Please Indicate You | ır Club's Main Interest | | | | | |
| □ New AMA Charter | | □ ATVs and Motorcycles□ Motorcycles Only□ ATVs Only | | | | | | |
| ☐ Renewing AMA Charter # | | LI ATVS OTHY | | | | | | |
| Please select your AMA Congress Division (Select one only): | | \$75 fee is required with application (check, money order, or credit card) If you wish to pay by credit card, please supply information below: | | | | | | |
| □ Competition | | (Circle which type of | credit card) | DISCOVER att and the second state of the secon | | | | |
| ☐ Road and Off-Road Recreation Riding | | | | | | | | |
| | | Credit Card # | | Expiration | | | | |
| | | | | | | | | |

s the necessary papers and fee for one calendar year. The club/chapter agrees that a club charter will be valid or may be renewed only so long as their motorcycling/ATV activities are within AMA/ATVA Guidelines and in furtherance of AMA/ATVA objectives. The undersigned applicant will reimburse the AMA for all costs, damages and other losses the AMA or its district organizations suffer as a result of the undersigned's negligent activities as an AMA

Additionally, the undersigned applicant agrees that its motorcycling/ATV activities will comply with AMA/ATVA Rules and Guidelines, they will further AMA/ATVA objectives, and that their club charter will be valid or may be renewed only if their motorcycling/ATV activities are in compliance with the above.

| PRESIDENT: | DATE: |
|------------|-------|
|------------|-------|

| Club Name | ub Name AMA Charter # | | | | | | |
|---|--|---------------------------|----------|------|--|--|--|
| Please list ADDITIONAL club members below (Must total 10 members when combined with those on Page 1): | | | | | | | |
| 1) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 2) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| B) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| e) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 5) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| S) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| ") AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| s) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 9) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 0) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 1) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 2) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 3) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| 14) AMA/ATVA # | Name: | City: | St: | Zip: | | | |
| | | | | | | | |
| Is your club a member of your | district organization? □ yes □ no I | s your club incorporated? | yes □ no | | | | |
| What year was your club organ | nized? | | | | | | |
| If your club donates to charitat | ole organizations, what amount did you | donate during 2011? | | | | | |
| Were you recruited by an AMA | Field Rep? ☐ yes ☐ no If so, what is | s their AMA Field Rep #? | | | | | |

MAIL TO: American Motorcyclist Association c/o Organizer Services, 13515 Yarmouth Dr., Pickerington, OH 43147 PHONE: (614) 856-1900 FAX: (614) 856-1921 AmericanMotorcyclist.com

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