



# 2022 PROMOTER Charter Application

Eligible to sanction AMA events

## Requirements for Charter

- New promoters or promoters who have not renewed their charter for two or more years must submit two letters of recommendation from business associates or organizations in their community (on company letterhead).
- Officers of promoting organizations must be current AMA members.
- Charter application is required annually, and expires Dec. 31 of the calendar year.

**Organization Information** All mail is sent to the shipping address. The track or facility address and organization email may be published in AMA websites and publications so riders can contact you about your events.

ORGANIZATION NAME		ORGANIZATION PHONE	
MAILING ADDRESS (USPS)	CITY	STATE	ZIP CODE
SHIPPING ADDRESS (FEDEX/UPS, NO P.O. BOXES)	CITY	STATE	ZIP CODE
TRACK OR FACILITY ADDRESS	CITY	STATE	ZIP CODE
ORGANIZATION EMAIL (*this is the email we will use to communicate with you)	WHO REFERRED YOU TO THE AMA / HOW DID YOU HEAR ABOUT CHARTERING?		
WEBSITE			
CONTACT NAME		AMA #	
CONTACT ADDRESS	CITY	STATE	ZIP CODE
CONTACT EMAIL	CONTACT PHONE		

## Application Information

New AMA Charter  Renewing AMA Charter (# \_\_\_\_\_)

EVENTS SANCTIONED (SELECT ALL THAT APPLY)

- Recreational Riding
- On-highway recreation  Off-highway recreation (family enduro, dual sport, adventure ride, etc.)
- Competition
- Track racing (hillclimb, ice racing, land speed, dirt track, road racing, etc.)  Motocross
- Off-road racing (enduro, hare scramble, etc.)

ORGANIZER'S MAIN INTEREST

- Motorcycles Only
- ATVs only
- ATVs and Motorcycles

## Payment Information (Payment required with application)

My \$250 fee is enclosed

Check (Payable to AMA)

Cash

Credit Card Select One:  Visa  Master Card  Discover  American Express

CREDIT CARD NUMBER

EXPIRATION DATE

CARDHOLDER NAME (AS IT APPEARS ON CARD)

CARDHOLDER SIGNATURE (REQUIRED)

Automatic Renewal/Payment on Dec. 1 (charge only)

Amount charged will be then-current rate. See Terms & Conditions at [americanmotorcyclist.com/Story/charter-with-the-ama](http://americanmotorcyclist.com/Story/charter-with-the-ama)

## Certification

**Charter agreement:** The undersigned applicant hereby applies for a promoter charter with the American Motorcyclist Association and encloses the necessary papers and fee for one calendar year. The undersigned applicant agrees that a promoting charter will be valid or may be renewed only so long as their motorcycling/ATV activities are within AMA guidelines and in furtherance of AMA objectives. The undersigned applicant will reimburse the AMA for all costs, damages and other losses the AMA or its districts organizations suffer as a result of the undersigned's negligent activities as an AMA promoter.

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

For automatic renewal, the club/chapter understands that on Dec. 1 of each year the credit card on file will be charged with the then-current charter fee, and members/officers listed will be checked to verify membership status.

CONTACT'S SIGNATURE

DATE

Please complete next page.

ORGANIZATION NAME	AMA CHARTER #
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**Risk Management Officers (One required)**

RMO 1	AMA #	PHONE #	
ADDRESS	CITY	STATE	ZIP CODE
RMO 2	AMA #	PHONE #	
ADDRESS	CITY	STATE	ZIP CODE

**Additional Information**

YEAR ORGANIZED	AMOUNT OF CHARITABLE DONATIONS IN 2021, IF APPLICABLE
ARE YOU ASSOCIATED WITH A DEALERSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU INCORPORATED? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Risk Management**

A Risk Management Workshop is required every year to maintain AMA Sanctioned eligibility. To view the RMW online video, please visit [americanmotorcyclist.com/Story/risk-management-and-waivers](http://americanmotorcyclist.com/Story/risk-management-and-waivers).

**AFFIDAVIT OF REVIEW**  
AMA RISK MANAGEMENT WORKSHOP

This document is to verify that I have viewed the AMA Risk Management Workshop. I understand the AMA's risk management policies and procedures for AMA-sanctioned events. I will implement and otherwise follow these policies and procedures as required by the AMA in the conduct of any event I sanction with the AMA.

I, \_\_\_\_\_, AMA # \_\_\_\_\_, do hereby  
*(Print Name - RM01)* *(Membership Required)*

certify that I viewed the AMA Risk Management Workshop on \_\_\_\_\_.  
*(Date of Viewing)*

\_\_\_\_\_  
*Signature* *Date*

I, \_\_\_\_\_, AMA # \_\_\_\_\_, do hereby  
*(Print Name - RM02)* *(Membership Required)*

certify that I viewed the AMA Risk Management Workshop Presentation on \_\_\_\_\_.  
*(Date of Viewing)*

\_\_\_\_\_  
*Signature* *Date*