



DISTRICT 36 MOTORCYCLE SPORTS COMMITTEE, INC.

www.ama-d36.org



2019 Application for Membership

Name of club or organization: _____
Incorporated? Yes No Number of Members: _____ Number of current D36 Members: _____

WHAT TYPE OF ORGANIZATION ARE YOU:

AMA Chartered Club - Charter Number: _____
AMA Chartered Promoter - Charter Number: _____
Chartered Organization (Non-AMA) Parent Body _____
Other Club Association, Group, Promoter, Etc. _____

MAIN ACTIVITY

Dirt _____
Road _____
Promoter _____
Other: _____

Club Information:

(The information indicated by * will be posted on the D36 Website and printed on the D36 Event Calendar and in the D36 Operations Manual.)

* Mailing Address: _____
* Website Address: _____
* E-Mail Address: _____
Meeting Place: _____
Meeting Time, Day, Frequency: _____

1. Key Contact Person: _____

Address: _____

Current AMA Number _____ Current District 36 Number _____

Phone: (____) _____ Email: _____

2. President: _____

Address: _____

Current AMA Number _____ Current District 36 Number _____

Phone: (____) _____ Email: _____

3. Secretary: _____

Address: _____

Current AMA Number _____ Current District 36 Number _____

Phone: (____) _____ Email: _____

4. Referee: _____

Address: _____

Current AMA Number _____ Current District 36 Number _____

Phone: (____) _____ Email: _____

5. Legislative Officer: _____

Address: _____

Current AMA Number _____ Current District 36 Number _____

Phone: (____) _____ Email: _____

Provide a list of 10 active club members who are current District 36 members:

Name:	District 36 #	Name:	District 36 #
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

DISTRICT 36 Application Fee:

\$50.00 on or before Sanction Meeting
(or all new members)

\$100.00 after Sanction Meeting

PLUS \$150 Security Deposit due with Application
(or may roll over from prior year)

Make checks payable to: District 36 Motorcycle Sports Committee

Present check and application to the District 36 representative at the annual sanctioning meeting or mail check and completed application to:

Melissa LeFurge
1296 East Gibson Rd.
Suite A-181
Woodland, CA 95776

District Use Only:

Annual Fee Paid: _____ Date: _____ Check # _____

Annual Security Deposit Paid Yes No Check # _____ Annual Deposit Rollover Yes No

Fee Received by: _____ Title: _____