

Application Instructions:

- Please print.
- Write legibly to avoid delays.
- Fill out **completely – one application per person. Full birth dates are required.** Complete information will avoid confusion between people with similar names.
- Family Memberships are for married parents and their children, age 17 and under, living at the same address. Applications must be submitted together, one per eligible person. (Children, age 18 and above whether they live at home or not, must have their own separate membership.)
- Applications must be signed with appropriate signature, dated and returned with the correct payment before they can be processed.
- Consider your LAO (Legislative Action Office) donation. This is a full-time office that works to help keep your favorite riding areas open.
- Mail the completed application(s) to:
District 36 Memberships, 5588 Tares Cir. , Elk Grove, CA 95757
- Former/Returning Members: If your last membership expired more than one year ago, there is no guarantee that your old membership number is still available. Please do not order custom graphics until after you've received your membership card back in the mail.
- Allow 17-21 mailing days for delivery of your membership card. If you plan to enter an event within that time frame, do not use this form – sign up at the event. You can also apply for a membership with a credit/debit card online. Go to the 'Join' page at www.ama-d36.org for the link. You will need to print your confirmation receipt and keep it until you receive your card back in the mail.

D36 MEMBERSHIP APPLICATION			
District 36 Motorcycle Sports Committee Corporation		www.ama-d36.org	
<p>I agree to comply with District 36 and AMA rules for sanctioned motorcycle activities. I understand that District 36 and the AMA cannot assume responsibility for any aspect of my safety and that if I participate in any sanctioned meet, I do so voluntarily on my own assessment of my ability, the track, course and all facilities and conditions, thereby assuming all risk. I release and hold District 36 and the AMA harmless for any injury or loss to my person or property which may result therefrom.</p>			
I am a: Sportsman <input type="checkbox"/> (Age 12 & up) Youth <input type="checkbox"/> (Age 11 & under) Non-Competitive Dual Sport Rider <input type="checkbox"/>	My Primary Racing Discipline Is: (Choose only one) END <input type="checkbox"/> MX <input type="checkbox"/> CC <input type="checkbox"/> DT <input type="checkbox"/>	REQUIRED: Full Birth Date _____ Age _____	
Earned Racing Classification (Skill Level) <i>New member/beginner = C</i>			
ENDURO A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	MOTOCROSS A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	CROSS COUNTRY A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	DIRT TRACK A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
PLEASE PRINT Email _____ AMA # _____ Req'd: _____		<input type="checkbox"/> New <input type="checkbox"/> Renewal: D36# _____ Phone _____-_____-_____ Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Applicant Signature _____ Date _____ Parent/Guardian _____ Date _____ (if under 18 years of age)	
I certify under penalty of perjury that the above name and signature are the legal ones for the applicant. Membership benefits will not be considered current until a valid signature has been acquired.			
Each application must be signed with the appropriate signature, or it will be returned unprocessed. Make check payable to: District 36 Total Payment \$ _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____ <input type="checkbox"/> \$ 40.00 1 Year Membership <input type="checkbox"/> \$ 80.00 1 Year Family Membership (includes Spouse and children <u>17-&-under</u> at same address.) _____ OF _____ <i>Must fill out one application per eligible family member.</i> <input type="checkbox"/> \$400.00 Lifetime Membership Please Note: One meet guest passes are only available at an event.		<input type="checkbox"/> Donation to D36 ISDE Support Fund Amount: \$ _____ <input type="checkbox"/> Donation to the D36 LAO Fund Amount: \$ _____	
Return application to: District 36 Memberships 5588 Tares Cir. Elk Grove, CA 95757			