

EAGLE WINGS MOTORCYCLE ASSOCIATION



Membership Application

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Mailing Address: _____

City: _____ ST/PV: _____ Zip/Postal Code: _____

USA _____ Canada _____ Other _____

Member Phone number: _____ Member Email: _____

Select One:

Individual Membership: 3 years \$65.00, 2 years \$45.00, 1 year \$25.00

Family Membership (2 or more people in household): 3 years \$80.00, 2 years \$55.00, 1 year \$30.00

I currently own the following motorcycle brands: (please select all that apply)

Honda Harley-Davidson Indian BMW Yamaha Ducati Triumph Other

New Member – Who referred you to us? Name _____ Member # _____

Where did you hear about us? (Example: magazine, website dealer, etc.)

Signature _____

Signature _____

Make check payable in U.S. funds to Eagle Wings Motorcycle Association and mail to 6635 W. Happy Valley RD., Suite A104-443, Glendale, AZ 85310