

MEMBERSHIP APPLICATION

Date

Name :

Address:

City:

State:

Zip:

Date of Birth:

Family Members:

NAME	RELATIONSHIP	AGE	RIDE (yes/no)	YRS. EXPERIENCE

Occupation/Employer:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

Describe your experience in off-road motorcycling:-----

Years of experience: -----

What type of motorcycle do you ride?: -----

What size?:-----



Have you participated in competitive events? Yes No

If yes,

describe:-----

Do you currently belong to an off-road motorcycle club? Yes No

If yes, name of Club?

Why do you wish to become a member of this organization?-----

Do you race? Yes No

(If "Yes", what Type and Class?)

Enduro:

Motocross:

Other:

Class:

References (current club members if possible) - List two

I hereby agree to sign the provided release and indemnity for myself and all family members prior to accessing any property being leased by the P.B.M.A. I also understand racing 4 wheelers are NOT allowed in this club.

Signature: _____ Date: _____

Emergency Contact Name: _____

☰ Emergency Contact Phone Number: _____

APPLICATION PROCESS

1. COMPLETE APPLICATION THIS **MUST** HAVE AN EMERGENCY CONTACT NAME AND NUMBER
2. COMPLETE INSURANCE RELEASE FORM FOR EACH FAMILY MEMBER
3. SEND APPLICATION, INSURANCE RELEASE FORM(S) TO:

P.B.M.A.
PO BOX 1191
ODESSA, TX 79760

*****NOTE:**

CURRENT MEMBER DUES ARE \$450.00 ANNUALLY AND DUE ON THE **FIRST OF DECEMBER**