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.
5702 Devlin Place
Midland, TX 79707

***NOTE:

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