

**Working together to build stronger and more effective
State Motorcyclists' Rights organizations!**

MEETING OF THE MINDS



Shreveport, Louisiana
September 25-28, 2025



41ST ANNUAL

"Laissez le bon temps rouler"

EXPERIENCE THE MRF'S FINEST

Topical Presentations
Twelve Information-
Packed Workshops
Capitol Hill Updates

SAM'S TOWN HOTEL & CASINO

315 Clyde Fant Pkwy, Shreveport, Louisiana 71101
Room reservations, call 877-429-0711 (use group code MRF125C).
Rooms are \$150/day, plus taxes & fees. (Cut-off date: Sept. 10, 2025)

ENJOY SHREVEPORT!

Southern Hospitality
Cajun & Creole
Cuisine and Music
And so much more!

Pre-registration for conference through the MRF, PO Box 9090, Peoria, IL 61612
Pre-registration (must be received by Sept. 10, 2025): \$100.00 (current member) / \$120.00 (non-member)
Registration rate after Sept. 10, 2025: \$110.00 (current member) / \$130.00 (non-member)
Registration includes all workshops, workshop materials, and Saturday banquet.
Registration questions call the MRF at 202-546-0983, or email Fred Harrell at fred@mrf.org.

RIDE WITH THE LEADERS!



Thousands of motorcyclists' rights activists have attended MRF sponsored annual regional and national workshops since 1985. These workshops provide the nuts and bolts, "user friendly" subjects and training to assist motorcyclists in defending, building, and strengthening their grassroots organizations.

Motorcycle Riders Foundation is proud to present their annual conference for politically motivated motorcyclists! Spend the weekend with some of motorcycling's most educated and dedicated activists. Learn what issues will impact bikers today and in the future!

Use the applications below to join and support the Motorcycle Riders Foundation and to pre-register for the 41st Annual Meeting of the Minds, September 25-28, 2025.



MRF MEETING OF THE MINDS 2025 PRE-REGISTRATION



(Must be received by September 10, 2025 to qualify for discounted rate)

PRE-REGISTRATION RATE: \$100.00 Current individual MRF member (before Sept. 10) \$120.00 Non-MRF member (before Sept. 10)
 REGISTRATION RATE (after Sept. 10): \$110.00 Current individual MRF member (after Sept. 10) \$130.00 Non-MRF member (after Sept. 10)

PLEASE PRINT LEGIBLY

NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	E-MAIL _____	

Send check or money order to: MRF, PO Box 9090, Peoria, IL 61612 before Sept. 10. After Sept. 10 registration fee increases \$10 per person.
 For room reservations call 877-429-0711 (mention group code MRF125C for conference room rates)

ORDER YOUR MRF MEETING OF THE MINDS 2025 T-SHIRT NOW!

Order your MOTM 2025 t-shirts before September 1 to guarantee size, color & style.

SHORT SLEEVE: \$25 | CHOOSE COLOR Black Gray Purple | LONG SLEEVE: \$30 | CHOOSE COLOR Black Gray Purple
 SHIRT SIZE: SM Qty _____ MED Qty _____ LG Qty _____ XLG Qty _____ 2XL Qty _____ 3XL Qty _____ 4XL Qty _____

- | | |
|---|---|
| <input type="checkbox"/> Annual Individual Membership \$35 | <input type="checkbox"/> 3-Year Individual Membership \$95 |
| <input type="checkbox"/> Auto-Renewal Individual Membership \$35 | <input type="checkbox"/> 3-Year Joint Membership \$140 |
| <input type="checkbox"/> Annual Joint Membership \$60 | <input type="checkbox"/> Sustaining Membership Club \$100 |
| <input type="checkbox"/> Auto-Renewal Joint Membership \$60 | <input type="checkbox"/> Auto-Renewal Sustaining Individual \$100 |
| <input type="checkbox"/> Annual Sustaining Membership \$100 | <input type="checkbox"/> Freedom Fighter Donation <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Annual Independent Motorcycle Aftermarket Membership \$100 | |

Motorcycle Riders Foundation
 PO Box 9090, Peoria, IL 61612



Phone 202.546.0983 mrffice@mrf.org
 www.mrf.org

Join and Support Motorcycle Riders Foundation...

- New
 Renewal
 Referred by _____
- Please **check** if you are a US Citizen
 Check here to NOT receive patches and pins
 Check here to NOT receive MRF Email alerts
 Check here to receive MRF Reports electronically (email)

Name _____
 Address _____
 City, State, Zip _____
 Phone _____
 Email _____
 Card Number _____ CVV _____
 Expiration Date _____
 Signature _____ Date _____