



TOURING MOTORCYCLE ASSOCIATION (TMA) MANITOBA INC.

MEMBERSHIP APPLICATION

LAST NAME	FIRST NAME	OPTIONAL: SEX (M / F / O)	OPTIONAL: (AGE)
ADDRESS	CITY	POSTAL CODE	PHONE # & CELL #
EMAIL ADDRESS (important)		MEDICAL #	

Are you interested in volunteering your time and motorcycle for community events such as charity rides, fund raising events, social functions?
Yes _____ No _____

Are you interested in volunteering for a position on the executive?
 If so, what would interest you?

Motorcycle Information	Year	Make	Model	Size	Color
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Emergency contacts; Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____

Do you have any medical conditions that may need to be considered in the event of an emergency?
 If Yes , please specify;

General comments or suggestions;

Annual membership fee of **\$25** is payable at time of joining. Payable to TOURING MOTORCYCLE ASSOCIATION MANITOBA INC. Fee includes member card, and entitles you and your co-rider to attend association rides, meetings, and functions. (There may be nominal fee at some functions or events). Please give membership director or president your fees and waiver form at a club event. Members are required follow our group's safe riding techniques (on website) and to interact with other association members in a courteous and respectful manner.
 *(TMA executive reserves the right to refuse member applications or revoke memberships ; for failure to adhere to safe riding techniques or interacting with members in a non courteous or non respectable way.)

PLEASE READ, SIGN AND DATE LIABILITY WAVIER ON REVERSE.

