



Antique Motorcycle Club of America

Date: _____

New Membership

Renewal
AMCA Member# _____

Join online at:
www.AntiqueMotorcycle.org

Or Mail this completed application to:
AMCA
c/o ClubExpress
1051 Perimeter Drive, Suite 350
Schaumburg, IL 60173 U.S.A

Membership (check one):

U.S. Residents

3-Years (\$115)

2-Years (\$80)

1-Year (\$45)

Associate Member (Worldwide) 1-Year (\$5) 2-Year (\$10) 3-Year (\$15)

Junior (Virtual \$10 Worldwide)

Donation to the Antique Motorcycle Foundation

\$10 \$25 \$50 \$100 Specify amount to right

\$10 First-Time Enrollment Fee (New members only or expired 60 days or more)

Outside the U.S. (Including Canada & Mexico)

3-Years (\$165)

2-Year (\$110)

1-Year (\$60)

Membership Sub-TOTAL: \$ _____

\$ _____

\$ _____

TOTAL: \$ _____

Check this box to EXCLUDE your name and contact information from the AMCA Membership Roster.

If this is a CHANGE OF ADDRESS, please check box.

Name: _____ Spouse: _____

Address: _____

City: _____ State/Prvnc: _____ Postal Code: _____

Country (if non-U.S.): _____ Phone: (_____) _____ Home Cell Work

Email: _____ DOB: (MM/DD/YYYY) _____

Source of referral (if new member): _____ AMCA # _____

Payment: (ALL FUNDS MUST BE IN U.S. DOLLARS, DRAWN ON A U.S. BANK)

If paying by check, make checks payable to: AMCA c/o ClubExpress

Cash Check Money Order Visa M/C Discover AMEX

Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ CVC Code: _____

Signature: _____