

EAGLE WINGS MOTORCYCLE ASSOCIATION



Member #: _____
For Office Use

Membership Application

DD/MM/YYYY

Member Name: _____ Member DOB: _____
Last, First

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Member Name: _____ Member DOB: _____

Primary Mailing Address: _____

City: _____ ST/PV: _____ Zip/Postal Code: _____

USA _____ Canada _____ Other _____

Member Phone number: _____ Member Email: _____

Select One:

Individual Membership: 3 years \$65.00, 2 years \$45.00, 1 year \$25.00

Family Membership (2 or more people in household): 3 years \$80.00, 2 years \$55.00, 1 year \$30.00

Payment Method:	Visa	Master Card
Name on Card:		Card #:
Expiration Date:	CVV (security code) on back:	Billing Zip Code:

I currently own the following motorcycle brands: (please select all that apply)

Honda Harley-Davidson Indian BMW Yamaha Suzuki Kawasaki Ducati Triumph
Can Am Moto Guzzi Other: _____

Where did you hear about us? (Example: magazine, website dealer, etc.): _____

New Member - Who referred you? Name _____ Member # _____

Date: _____

Signature: _____

Signature: _____

(Note: Only two signatures required for family membership)

Make check payable in U.S. funds to: Eagle Wings Motorcycle Association and mail to: 6635 W. Happy Valley RD., Suite A104-443, Glendale, AZ 85310. <p style="text-align: right;">Revision Date: Aug 1, 2022</p>
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