

**EAGLE WINGS MOTORCYCLE ASSOCIATION**



Member #: _____ For Office Use
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## 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: (Coming Soon with options)
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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: _____
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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: <b>Eagle Wings Motorcycle Association</b> and mail to: 6635 W. Happy Valley RD., Suite A104-443, Glendale, AZ 85310. <p style="text-align: right;">Revision Date: July 25, 2022</p>
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