



# 2020 MEMBERSHIP APPLICATION

## FOLLOW US ON



**Please mail the application and fees to:**  
 Middle Atlantic Motocross Association  
**PO Box 38 (New address)**  
**Warwick, MD 21912**  
 443.669.3007  
[membership@mamamx.com](mailto:membership@mamamx.com)

MAMA Member # \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Rider # Issued \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Cash Y N \_\_\_\_\_  
 Card Issued? Y N \_\_\_\_\_  
 Referred by \_\_\_\_\_

**Racer Membership: \$40 (\$35 if received by February 29)**  
**Non Racer Membership: \$10**

|                          |   |  |
|--------------------------|---|--|
| 2019 Riding Number _____ | <b>Check appropriate box:</b>                             |  |
| 2020 Number Choice _____ | <input type="checkbox"/> Adult                            | <input type="checkbox"/> Racer \$35 Early Bird before Feb 29   |
|                          | <input type="checkbox"/> Adult/Youth Racer in 2020 - \$40 | <input type="checkbox"/> New   |
|                          | <input type="checkbox"/> Youth                            | <input type="checkbox"/> Non Racer \$10 –Non Racer but wants to support MAMA, no AMA membership required |
|                          |   | <input type="checkbox"/> Renewal - Year Joined _____   |

AMA # | \_\_\_\_\_ | EXPIRATION DATE | \_\_\_\_ / \_\_\_\_ | YEARS AMA MEMBER | \_\_\_\_\_ |

NAME | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

FIRST MI LAST SUFFIX

DATE OF BIRTH | \_\_\_\_ - \_\_\_\_ - \_\_\_\_ | AGE | \_\_\_\_ | SEX M or F

ADDRESS | \_\_\_\_\_ | APT | \_\_\_\_\_ |

CITY | \_\_\_\_\_ | STATE | \_\_\_\_\_ | ZIP | \_\_\_\_\_ |

PHONE | ( \_\_\_\_ ) | \_\_\_\_ - \_\_\_\_ | CELL PHONE | ( \_\_\_\_ ) | \_\_\_\_ - \_\_\_\_ |

EMAIL ADDRESS | \_\_\_\_\_ |

### RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

Applicant acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant hereby assumes all risk of loss, damage or injury (including death) to applicant's person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others.

Applicant hereby releases, discharges, and agrees to hold harmless and indemnify the American Motorcyclist Association, and the Middle Atlantic Motocross Association, sponsoring clubs and organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicant's property or applicant's family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted.

**You MUST initial here to indicate that you have completely read this application and the MAMA/AMA RULES \_\_\_\_\_**

Upon completion of this application, payment of above fee for the Membership Card, and signing the waiver release, you will be eligible to race MAMA sanctioned events. With this card, you will be eligible to earn MAMA series points. I / We hereby make an oath and say that to the best of our knowledge and belief, all statements set forth in this application are true and correct.

\_\_\_\_\_  
 Signature of Rider\* Date: \_\_\_\_\_

**Check here if you have sole custody of your child**

\_\_\_\_\_  
 Signature of Mother/Guardian Signature of Father/Guardian

\_\_\_\_\_  
 Printed Name of Mother/Guardian Printed Name of Father/Guardian

**Yearly Membership Fee Must Accompany This Application**  
**DO NOT SEND CASH IN THE MAIL. CALL TO**  
**PAY VIA CREDIT CARD 443.669.3007**

