

**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:	<b>Visa</b>	<b>Master Card</b>
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.

Revision Date: Aug 1, 2022