



**Application for Membership for the Legends Chapter
of the Antique Motorcycle Club of America**



Print Name _____ Date _____

Spouse _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email _____

(E-mail address is necessary to receive your Newsletters)

AMCA Member Number _____

Motorcycle(s) owned	Make	Model	Year
_____	_____	_____	_____
_____	_____	_____	_____

If accepted, I hereby agree to conform to the rules and by-laws of the AMCA and further agree to render my services whenever possible to club activities. I also agree to hold harmless the Legends Chapter or its officers for the loss of or injury to my property or myself and to assume full responsibility for any loss or injury in which I may become involved by reason of club activity.

Dues are billed annually for the club's fiscal year beginning on January 1st. Memberships conferred after November 1st will include all of the succeeding year. There is no prorating of fees for late memberships. Members who have not renewed by March 1st will be considered delinquent and dropped from club membership. It is required that Legends Chapter members are also members in good standing with the National AMCA.

Annual Dues Individual \$___15.00___ Spouse \$___5.00___

Signature _____

Make checks payable to: Legends Chapter AMCA

Mail to: AMCA Legends Chapter Po. 442 Chesnee S.C.

