



Rhode Island Motorcycle Association

Membership Application www.RIMotorcycle.com

Please check one

_____ \$ 26.00 New Member Single

_____ \$ 30.00 New Member Family

_____ \$ 23.00 Renewal Single

_____ \$ 28.00 Renewal Family

Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Clubs/Affiliations _____

E mail Address _____

For valid consideration, the undersigned member for himself or herself, spouse, heirs, legal representatives, and assigns hereby release and discharge the Rhode Island Motorcycle Association, it's officers, promoters, advertisers, lessees, and other participants from any and all liability or any and all loss, claims, demands, actions, and causes of action (including but not limited to personal injury, or property damage of any kind or otherwise) from the date there present and into the future forever.

Signature _____ Date _____

Signature _____ Date _____
Spouse, etc. – Family member only

Referred By: _____

**Mail To:
R.I.M.A. Membership
P.O. Box 726
Pawtucket, RI 02862**