

BMW MOA Chartered Club

New BMW Club Application -or- Current BMW Club Renewal

Directions: Enter the information, then print the form and mail with fee. Use TAB key to move between fields. (Signature required for charge cards - form can not be emailed.)

Club Number _____ (NEW: leave blank) *Date Founded* _____

Club Name _____

Your club must be a BMW motorcycle club whose members are interested in furthering the purposes of the BMW MOA. If it is not obvious from the club name, you may be asked for confirmation before your application is accepted.

Club Web site _____

..... Whom to Contact for Information..... *..... President if different from Contact.....*

Name _____ *Name* _____

Phone _____ *Phone* _____

E-Mail _____ *E-Mail* _____

PLEASE! Provide email. Contact and/or President will be invited to join a private discussion group.

Address1 _____ *Address1* _____

Address2 _____ *Address2* _____

City _____ *City* _____

State/Prov _____ *Zip/Postal* _____ *State/Prov* _____ *Zip/Postal* _____

Country _____ *Club Activity State if different from mailing address* _____

Total Members _____ *MOA Members* _____ *Average Change in Annual Membership* _____

Regular Meeting _____

1st Annual Event _____

Attendance at 1st Annual Event _____ *Attendance at 2nd Annual Event* _____

2nd Annual Event _____

Other Activities _____

Do you want to receive the BMW MOA Medallion? Y / N

NAME and TITLE of Club Officer completing this form (if different from Club Contact) _____

NEW CLUB APPLICATION: Please list 10 - BMW MOA members in your club
CURRENT CLUB RENEWAL: Please list 5 - BMW MOA members in your club including their MOA membership numbers if known.

....NAME BMW MOA Number.....

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

NEW CLUB APPLICATION or CURRENT CLUB RENEWAL
Return the completed form with \$15 (US) - by check or money order payable to: BMW MOA, or charge to: MasterCard or Visa.

MasterCard or Visa number: _____

Expiration Date: ___ ___ / ___ ___ PRINT Name on Card: _____

Signature: _____

Send To: BMW Motorcycle Owners of America
P.O. Box 3982
Ballwin, MO 63022
USA

OFFICE USE ONLY

Date Received:

Check Number:

Check Dated: