

American Federation of Motorcyclists, Inc.

A CALIFORNIA NON-PROFIT CORPORATION

Application for 2021 Membership and Road Race Competition License



2021

Name: _____ Transponder # _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Sex: Male Female Age _____

E-mail Address: _____

For Office Use Only

Assigned _____

FY N NC E R A W

Full _____ Half _____ SE _____

Fees Due _____

Verification & Initials of AFM Official
Accepting Application:

_____ Application Received

_____ Dues Paid

_____ Application Complete

New Member

Never Raced

If you have completed an AFM Approved School

Name _____ Date _____

Experienced: Expert Novice

You must **enclose a copy of your license** showing status to bypass an AFM Approved School.

Club _____

Year last raced _____ # _____

Renewal: Choices for 2021:

Expert Novice, See instruction page, item 5.

AFM 2020 # _____, Renew 2020 number? Yes No

Choice For 2021 _____, _____, _____

Reciprocity License: Novice Expert

You must **enclose a copy of your 2021 license** with other club showing status. Club _____

Associate License (for non-racers)

Worker (No fees): Turnworker, Board Member, Registration,

N.M.P., Tech, Scoring, Announcer, Other: _____

Method of Payment:

Check - payable to AFM, Inc.

VISA Master Card

American Express Discover

Credit Card
Billing Zip Code _____

Number: _____ CVV/CSV _____

Exp. Date _____ Amount \$ _____

Sign name: _____

Print name: _____

FEES

	Full Year
Competition	\$165
Associate	\$50
Worker	\$0
Reciprocity	\$0
Single Event	\$60

Free rulebook available online: www.afmracing.org

- Individuals who have held an AFM Expert license in the past may be unlicensed and/or not participating in a race event for up to five years before they are required to take and pass an AFM Approved School. If it's been longer than five years since you've held a license OR raced, you will need to take an AFM Approved School. All new members must do so.
- THIS LICENSE APPLICATION MUST BE RECEIVED BY DECEMBER 31, 2020, TO RETAIN YOUR 2020 NUMBER.
- Riders under the age of 16 must petition the Board of Directors. Contact the AFM for more details.

IMPORTANT! READ CAREFULLY BEFORE SIGNING!

I STATE THAT I UNDERSTAND AND AGREE THAT:

By completing this application, I am requesting to join the AFM, a California non-profit corporation and I agree to be bound by its articles and bylaws.

The AFM and each of its local chapters may use my name and pictures, including pictures of my racing equipment and pictures taken at any event, for any purpose in any media.

I have read this application in its entirety and assert under penalty of perjury under the laws of the State of California that all information set forth herein is true and complete. Initial here (_____).

Date

Signature of Applicant

I specifically assert under penalty of perjury under the laws of the State of California that I have read this release, that all information set forth herein is true and complete, and I hereby confirm, consent and agree to the foregoing.

Date

Signature of Parent, Guardian or Person having legal custody of Applicant (if minor)

Mail to: AFM License Committee • 2070 N. Broadway #5334 • Walnut Creek • CA • 94596 • Telephone: (510) 833-RACE
licensing@afmracing.org www.afmracing.org



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Member Contact Information



Information is required for license.

Your Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Male Female

E-mail address: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact:

This person should be able to make medical decisions for you if you are not able to do so.

Name: _____

Relationship To You: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Medical Insurance (Required):

Company: _____

Policy Number: _____

Phone: _____

CONSENT AND AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES

The undersigned consents to being given Emergency Medical Services at the scene of the emergency. Said scene shall include the trackside site of the incident causing the emergency and any first-aid or Emergency Medical Services facility located at the racing facility. The undersigned understand that such Emergency Medical Services will be rendered in accordance with and reliance on various California statutes designed to encourage the giving of Emergency Medical Services without liability for civil damages.

Date

Signature of Applicant

I specifically assert under penalty of perjury under the laws of the State of California that I have read this release, that all information set forth herein is true and complete, and I hereby confirm, consent and agree to the foregoing.

Date

Signature of Parent, Guardian or Person having legal custody of Applicant (if minor)