

## **2013 Service Organization Charter** (Motorcyclists' Rights, Military, Police, Firefighter, Charity)



## **Non-Promoting Organization Requirements**

- Not eligible to sanction AMA/ATVA events or vote for AMA Congress Delegates.
- At least five current AMA/ATVA members must be listed, including the president and contact person.
- PRESIDENT IS REQUIRED TO SIGN BELOW CHARTER APPLICATION IS REQUIRED ANNUALLY

## **Promoting Organization Requirements**

- New organizations or organizations that have not renewed their charter for two or more years must submit a copy of their Constitution/By-Laws or mission statement and two letters of recommendation from business associates or organizations in their area on company letterhead.
- Payment must accompany charter application.
- President is required to sign below.
- Sanction at least one event per calendar year.

| What service do you represent? ☐ Motorcyclists' Rights ☐ M | ⁄lilitary □ Police □ Fire □ Cha        | irity   |                              |  |  |
|--|--|---|------------------------------|--|--|
| Organization Name:   |  |   |                              |  |  |
| Address  | City                                   | State   | Zip                          |  |  |
| Email Address  | 2nd Email                              |   |                              |  |  |
| Phone  | 2nd Phone                              | 2nd Phone   |                              |  |  |
| Web Address(All r  | Fax<br>mail is sent to above address.) |   |                              |  |  |
| Contact Person   | ,                                      | Phone   |                              |  |  |
| Address  |  |   | Zip                          |  |  |
| Legislative Officer  |  |   | Zip                          |  |  |
| Address  |  |   | Zip                          |  |  |
| President  |  |   |                              |  |  |
| Address  |  |   | Zip                          |  |  |
| Secretary  |  |   |                              |  |  |
| Address  |  |   |                              |  |  |
| Referee  |  |   | ,                            |  |  |
| Address  |  |   | Zip                          |  |  |
| Risk Management Officer (RMO)                              |  |   |                              |  |  |
| Address  | City                                   | State   | Zip                          |  |  |
| Please Check One   | Fee is required with                   | n application (check, mo  | oney order, or credit card)  |  |  |
| ☐ New AMA Charter  | If you wish to pay by                  | If you wish to pay by credit card, please supply information below  |                              |  |  |
| ☐ Renewing AMA Charter #                                   | Check one: ☐ Non                       | Check one: ☐ Non-promoting – \$35   |                              |  |  |
|  | □ Proi                                 | moting - \$50 (Eligible to S  | anction AMA Competiton and   |  |  |
| Please Indicate Your Main Interest                         | 2.10.                                  | Recreation E  | •                            |  |  |
| ☐ ATVs and Motorcycles                                     | ☐ Automatic Rene                       | ☐ Automatic Renewal/Payment on Dec. 1   |                              |  |  |
| ☐ Motorcycles Only   | (Amount charged will be ther           | (Amount charged will be then-current rate – see Terms & Conditions at www.americanmotorcyclist.com/ClubsAndPromoters/Resources/CharterAutoRenew.aspx) |                              |  |  |
| ☐ ATVs Only  | www.americanmotorcyclist.c             | com/ClubsAndPromoters/Resol   | urces/CharterAutoRenew.aspx) |  |  |
| LI AT VS Offig   |  |   |                              |  |  |
|  | Credit Card #                          |   | Expiration                   |  |  |
|  |  |   |                              |  |  |

Charter agreement: The organization hereby applies for a charter with the American Motorcyclist Association/All-Terrain Vehicle Association and encloses the necessary papers and fee for one calendar year. The organization agrees that a charter will be valid or may be renewed only so long as their motorcycling/ATV activities are within AMA/ATVA guidelines and in furtherance of AMA/ATVA objectives. The undersigned applicant will reimburse the AMA for all costs, damages and other losses the AMA or its district organizations suffer as a result of the undersigned's negligent activities as an AMA organizer.

Additionally, the undersigned applicant agrees that its motorcycling/ATV activities will comply with AMA/ATVA rules and guidelines, they will further AMA/ATVA objectives, and that their club charter will be valid or may be renewed only if their motorcycling/ATV activities are in compliance with the above. For automatic renewal, the organization understands that on Dec. 1 of each year the credit card on file will be charged with the then-current charter fee,

| and members/officers listed will be checked to verify membership status. |       |
|--|-------|
| PRESIDENT:   | DATE: |

| Organization Name                      |   | AMA Charter #                    |                   |                 |  |
|--|---|----------------------------------|-------------------|-----------------|--|
| Please list ADDITIONAL for promoting): | . members below (Must tota  | al 10 AMA/ATVA members wh        | en combined with  | those on Page 1 |  |
| AMA/ATVA #                             | Name:   | City:                            | St:               | Zip:            |  |
| AMA/ATVA #                             | Name:   | City:                            | St:               | Zip:            |  |
| AMA/ATVA #                             | Name:   | City:                            | St:               | Zip:            |  |
| AMA/ATVA #                             | Name:   | City:                            | St:               | Zip:            |  |
| AMA/ATVA #                             | Name:   | City:                            | St:               | Zip:            |  |
| the AMA's risk managemen               | that I have viewed the AMA F<br>nt policies and procedures fo<br>cies and procedures as requi | r AMA-sanctioned events          | . I will implemer | nt and          |  |
| I,(Print Name)                         | , AMA #(Men   | , do hereb<br>nbership Required) | у                 |                 |  |
| certify that I viewed the AN           | /IA Risk Management Worksh  | •                                |                   | ·               |  |
|  |   | (Di                              | ate of Viewing)   |                 |  |
| Signature                              | Date  |                                  |                   |                 |  |

MAIL TO: American Motorcyclist Association c/o Organizer Services, 13515 Yarmouth Dr., Pickerington, OH 43147 PHONE: (614) 856-1900 FAX: (614) 856-1921 AmericanMotorcyclist.com

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