

2007 District 22  
Membership Application

Mail Applications to:  
D22- Membership Director  
PO Box 37272  
Des Moines, IA 50315

- Make checks payable to: District 22 Club Council
- Fill out completely- please type or print

Circle Classification

**Youth (7-15)**  
50 SR (7-8)  
65JR (7-9)  
65SR (10-11)  
85JR (7-11)  
85SR (12-15)

Adult Motocross 15+

A	B	C
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Quad Classification

Youth

Adult A

Adult B

Adult C

Enduro-Hare Scramble

AMA No. \_\_\_\_\_ AMA membership required for D22 membership

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PREFERRED MX NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GENERAL MEMBERSHIP \$20.00  NEW  RENEWAL  REFUND

Subscription to Cycle USA is included in Membership Fee.

ALL RIDERS UNDER 18 YEARS OF AGE MUST SEND COPY OF BIRTH CERTIFICATE AND HAVE APPLICATION NOTARIZED

THIS IS A RELEASE — PLEASE READ AND COMPLETE

In consideration of being granted an amateur competition number and in consideration of being permitted to participate in competition events sanctioned by the American Motorcyclist Association and under the rules of the AMA and District 22 Club Council, I apply for a District 22 membership.

I hereby give up all my rights to sue or make claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association and its district organizations, the promoters, sponsors and all other persons, participants or organizations conduction or connected with this event for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon the premises.

I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

HAVE YOU COMPLETELY READ THIS APPLICATION \_\_\_\_\_ INITIAL \_\_\_\_\_

I hereby make oath and say that to the best of my knowledge and belief all statements set forth in this document are true and correct.

Rider's signature (sign in ink only) \_\_\_\_\_

NOTICE: IF UNDER 18 YEARS OF AGE, THIS APPLICATION MUST BEAR THE NOTORIZED SIGNATURE OF PARENT OR LEGAL GUARDIAN, WHICH SHALL ACKNOWLEDGE WAIVER AND RELEASE OF ANY AND ALL CLAIMS SUCH PARENT OR LEGAL GUARDIAN MY HAVE.

Parent or Legal Guardian Signature (must be notarized) \_\_\_\_\_

State of \_\_\_\_\_ Signe or attested before me \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

County of \_\_\_\_\_ My Commission expires \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

District use only: Date Rec'd: \_\_\_\_\_

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

District 22 membership rider receipt.

Good for 14 days from application date.

Applications date. \_\_\_\_\_

If membership card not receive in 14 days please call Carol Clever at 515-256-8860