Antique Motorcycle Club of America

Date:_____

☐ **New Membership**

☐ **Renewal**
AMCA Member#_____

Join online at:
www.AntiqueMotorcycle.org

Or Mail this completed application to:
AMCA
P.O. Box 68128
Schaumburg, IL 60168 U.S.A

Membership (check one):

U.S. Residents	**Outside the U.S. (Including Canada & Mexico)**	**Active Military Discount**
☐ 3-Years ($125)	☐ 3-Years ($180)	☐ 3-Years ($115)
☐ 2-Years ($89)	☐ 2-Year ($120)	☐ 2-Year ($80)
☐ 1-Year ($49)	☐ 1-Year ($65)	☐ 1-Year ($45)

☐ Associate Member (Worldwide) ☐ 1-Year ($8) ☐ 2-Year ($16) ☐ 3-Year ($24)

☐ Junior (Virtual $10 Worldwide)

Membership Sub-TOTAL: $_____

☐ Donation to the Antique Motorcycle Foundation
☐ $10 ☐ $25 ☐ $50 ☐$100 ☐ Specify amount to right $_____

☐ $10 First-Time Enrollment Fee (New members only or expired 60 days or more) $_____

TOTAL: $_____

☐ Check this box to EXCLUDE your name and contact information from the AMCA Membership Roster.
☐ If this is a CHANGE OF ADDRESS, please check box.

Name:_____ Spouse:_____

Address:_____

City:_____ State/Prvnc:_____ Postal Code:_____

Country (if non-U.S.)_____ Phone:_(_____)_____ ☐ Home ☐ Cell ☐ Work

Email:_____ DOB: (MM/DD/YYYY)_____

Source of referral (if new member):_____ AMCA #_____

Payment: (ALL FUNDS MUST BE IN U.S. DOLLARS, DRAWN ON A U.S. BANK)
If paying by check, make checks payable to: AMCA c/o ClubExpress

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ M/C ☐ Discover ☐ AMEX

Card Number: _____ Expiration Date:_____

Name on Credit Card:_____ CVC Code:_____

Signature:_____

Form: AMCA Membership Form 2026