

**2018 NEOTT Membership Application** *(please print legibly)*

Send this form with payment to the address below or bring it with you to the next event.

Renewal: \_\_\_\_\_ New Member: \_\_\_\_\_

Class: **AM:** Cadet \_\_\_ ; Rookie \_\_\_ ; Novice \_\_\_ ; Amateur \_\_\_ ; Sr. Ama \_\_\_

Class: **PM:** Intermediate \_\_\_ ; Sr. Expert \_\_\_ ; Expert \_\_\_ ; Master \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Your Bike: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Immediate family members are entitled to member benefits and may enter competitions at member rate.

Family Members: \_\_\_\_\_

Emergency contacts: (list any additional on back of form)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**AMA Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

If you have any special interests or resources to offer please list them below:

	<p><b>Annual Dues: \$40</b></p> <p>Submit this form by mail or in-person to the event trials master. Make checks payable to N.E.O.T.T.</p> <p>Send with check or money order to:</p> <p><b>N.E.O.T.T.</b> 9202 N. 103<sup>rd</sup> East Place Owasso, OK 74055</p>
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