



M.E.R.A. Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: DAYS _____ EVENINGS _____

RIDING EXPERIENCE _____

RALLY EXPERIENCE _____

MOTORCYCLES CURRENTLY OWNED _____

Return this membership form, with your check for \$24.00, if you would like to be part of this unique organization.

Make checks payable to Steve Chalmers, and then mail everything to:

Steve Chalmers
6623 W. Feulner Drive
Salt Lake City, UT
84128