



2024 SERVICE PROMOTER Charter Application

Eligible to sanction recreational AMA events or schools

Requirements for Charter

- New promoters or promoters who have not renewed their charter for two or more years must submit the following:
- Two letters of recommendation from business associates or organizations in their community (on company letterhead stationary)
 - Organization is required to have a principal officer
 - Officers of promoting organizations must be current AMA members

- Charter application is required annually and expires Dec. 31 of the calendar year
- 501(C)(3) Information (not applicable to USMCA coaching entities)
- Most recent 990 Form (not applicable to USMCA coaching entities)
- An attached copy of the organization's mission statement or a summary of the services they offer

Organization Information

The track or clubhouse address and organization email may be published in AMA websites and publications so riders can contact you about your events.

ORGANIZATION NAME	ORGANIZATION PHONE		
MAILING ADDRESS (USPS)	CITY	STATE	ZIP CODE
SHIPPING ADDRESS (FEDEX/UPS, NO P.O. BOXES)	CITY	STATE	ZIP CODE
TRACK OR CLUBHOUSE ADDRESS	CITY	STATE	ZIP CODE
ORGANIZATION EMAIL (This is the email we will use to communicate with you.)	WHO REFERRED YOU TO THE AMA / HOW DID YOU HEAR ABOUT CHARTERING?		
WEBSITE			
CONTACT PERSON	AMA #		
CONTACT EMAIL	CONTACT PHONE	FAX	
DATE ORGANIZATION WAS FOUNDED	AMOUNT OF CHARITABLE DONATIONS IN 2023, IF APPLICABLE		

Application Information

SELECT ONE <input type="checkbox"/> New AMA Charter <input type="checkbox"/> Renewing AMA Charter (# _____)	Organizer's Main Interest SELECT ONE <input type="checkbox"/> On-Highway Recreation <input type="checkbox"/> Recreational/Competition Schools <input type="checkbox"/> Off-Highway Recreation
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Payment Information (Payment required with application)

My \$150 fee is enclosed My \$75 fee is enclosed (USMCA coaching entities only)

Check (Payable to AMA) Cash Credit Card Select One: Visa Master Card Discover American Express

CREDIT CARD NUMBER	EXPIRATION DATE
CARDHOLDER NAME (AS IT APPEARS ON CARD)	CARDHOLDER SIGNATURE (REQUIRED)

Automatic Renewal/Payment on Dec. 1 (charge only)
 Amount charged will be then-current rate. See Terms & Conditions at americanmotorcyclist.com/charter

Certification

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

Additionally, the undersigned applicant agrees that its motorcycling/ATV activities will comply with AMA rules and guidelines, they will further AMA objectives, and their charter will be valid or may be renewed only if their motorcycling/ATV activities are in compliance with the above.

I acknowledge that the AMA may conduct research to verify the information provided on this form and to obtain additional information about this organization, as needed.

For automatic renewal, the club/chapter 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.

PRINCIPAL OFFICER'S SIGNATURE	DATE
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Please complete next page.

ORGANIZATION NAME	AMA CHARTER #
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Risk Management Officers (One required)

RMO 1	AMA #	PHONE #	
ADDRESS	CITY	STATE	ZIP CODE
RMO 2	AMA #	PHONE #	
ADDRESS	CITY	STATE	ZIP CODE

Risk Management

A Risk Management Workshop is required every year to maintain AMA Sanction eligibility. To view the RMW online video, please visit americanmotorcyclist.com/for-organizers/risk-management-and-waivers.

AFFIDAVIT OF REVIEW
AMA RISK MANAGEMENT WORKSHOP

This document is to verify that I have viewed the AMA Risk Management Workshop. I understand the AMA's risk management policies and procedures for AMA-sanctioned events. I will implement and otherwise follow these policies and procedures as required by the AMA in the conduct of any event I sanction with the AMA.

I, _____, AMA # _____, do hereby
(Print Name - RM01) (Membership Required)

certify that I viewed the AMA Risk Management Workshop on _____.
(Date of Viewing)

Signature Date

I, _____, AMA # _____, do hereby
(Print Name - RM02) (Membership Required)

certify that I viewed the AMA Risk Management Workshop on _____.
(Date of Viewing)

Signature Date