

## **Award Request Form**

AMA LongRiders **must** be registered prior to requesting rewards. No awards will be sent without payment, prior registration and proof/verification.

| Rider Information   |               |               |               |                                 |                        |  |               |  |
|---|---------------|---------------|---------------|---------------------------------|------------------------|--|---------------|--|
| NAME  |               |               |               | AMA NUMBER                      |                        | YEARS RIDING                             |               |  |
| EMAIL   |               |               |               |                                 |                        | PHONE                                    |               |  |
| STREET ADDRESS  |               |               |               | CITY/STATE/ZIP                  |                        |  |               |  |
| MAKE/MODEL OF MOTORCYCLE 1  |               |               |               | YEARS OWNED                     |                        | ODOMETER                                 |               |  |
| MAKE/MODEL OF MOTORCYCLE 2  |               |               |               | YEARS OWNED                     |                        | ODOMETER                                 |               |  |
| MAKE/MODEL OF MOTORCYCLE 3  |               |               |               | YEARS OWNED                     |                        | ODOMETER                                 |               |  |
| SIGNATURE (I CERTIFY THAT THE MILAGE ABOVE IS TRUE AND ACCURATE)  |               |               |               |                                 |                        | DATE SUBMITTED                           |               |  |
| Verification Documentation (Choose One And Attach)  |               |               |               |                                 |                        |  |               |  |
| ☐ Odometer Photo (include AMA card in photo)  |               |               |               |                                 |                        |  |               |  |
| ☐ Club Verification/Award   |               |               |               |                                 |                        |  |               |  |
| ☐ Dealer Letter/Service Documents   |               |               |               |                                 |                        |  |               |  |
| Type of AMA Lon   | igRider Award |               |               |                                 |                        |  |               |  |
| The first rocker patch for each award category you achieve is free. Each additional rocker patch is \$5.00. An AMA LongRider decal is \$5.00. |               |               |               |                                 |                        |  |               |  |
| ANNUAL  | QTY REQUESTED | CAREER        | QTY REQUESTED | CAREER                          | QTY REQUESTED          | CAREER                                   | QTY REQUESTED |  |
| □ 10,000/year   |               | □ 25,000 mi.  |               | □ 250,000 mi.                   |                        | ☐ 1 million mi.                          |               |  |
| □ 25,000/year   |               | □ 50,000 mi.  |               | □ 500,000 mi.                   |                        | ☐ Decals                                 |               |  |
| □ 50,000/year   |               | □ 100,000 mi. |               | □ 750,000 mi.                   |                        | TOTAL \$ (ADDITIONAL PATCHES & DECALS)   |               |  |
| Payment Information (For Additional Patches Or Decals)  |               |               |               |                                 |                        |  |               |  |
| ☐ Check (Payable to AMA) ☐ Money Order #  |               |               | #             | ☐ Credit Card S                 | Select One:   Visa   M | aster Card □ Discover □ American Express |               |  |
| CREDIT CARD NUMBER  |               |               |               | '                               |                        | EXPIRATION DATE                          |               |  |
| CARDHOLDER NAME (AS IT APPEARS ON CARD)   |               |               |               | CARDHOLDER SIGNATURE (REQUIRED) |                        |  |               |  |