AMERICAN MOTORCYCLIST ASSOCIATION

VOLUNTEER OF THE YEAR
Nomination Form

AMA MEMBER NAME	AMA #

EMAIL OF MEMBER YOU'RE NOMINATING (IF KNOWN)	PHONE OF MEMBER YOU'RE NOMINATING (IF KNOWN)

CATEGORY

❑Rights ❑Riding ❑Racing

REASON FOR NOMINATION

YOUR NAME

SIGNATURE

YOUR EMAIL	YOUR PHONE

YOUR AMA # (IF APPLICABLE)

Send completed order form to: American Motorcyclist Association | ATTN Member Activity Dept
13515 Yarmouth Drive Pickerington, OH 43147 | **Phone** (614) 856-1900 | **Fax** (614) 856-1921