



# **MOTORCYCLING DOCTORS ASSOCIATION**

## **APPLICATION FOR MEMBERSHIP**

With the understanding that the MDA is a scientifically oriented organization of those holding the degree of MD, DO, DDS, DVM, or DPM, and who have an active interest in motorcycling in any and all aspects, I hereby apply for membership. Also available is an associate membership open to all allied health personnel. I enclose a check for \$70 for new membership or \$50 for annual member dues. Associate membership is \$35 for new membership and \$25 annual dues. Check the proper membership category.

New Member \_\_\_\_\_ Member \_\_\_\_\_ Associate \_\_\_\_\_

Please type or print:

Name \_\_\_\_\_ Degree \_\_\_\_\_  
Last First Middle

Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Practice: Private, Hospital based, Teaching, Other; \_\_\_\_\_

Primary motorcycle ridden: \_\_\_\_\_

Marital Status: S M W D

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and send with your check payable to MDA to:

Richard Vaughan  
10862 North 900 West  
Carthage, IN 46115-9431