



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:

Lee H. Pratt M.D.
3 Catamaran Lane
Bluffton-Okatie, SC 29909