



Wisconsin Off-Highway Motorcycle Association

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Email: _____

____ Membership \$20/yr.

____ Sustaining Member \$100/yr.

____ please send me additional decals for household members \$5 ea.

____ I am interested in volunteering opportunities, please contact me.

____ Club and corporate donation please call or email 262-569-1474

Bryan.Much@charter.net

Please send payment to:

WOHMA membership

W1950 Rock Rd.

Iron Ridge, WI 53035

Additional comments:
