

MMA Volunteer & Feedback Form

Please fill in the information below:

(Please Print)

Name:

Phone:

Address:

City, State, Zip:

Email:

What is your preferred method of contact? Choose one or more:

Phone:

E-mail:

Snail Mail:

Other:

Other contact method:

Check one or more of the topics below that would interest you most:

Political Action

MMA Event Planning

Helping at shows/events

MMA Event Hosting

Selling MMA raffle tickets

MMA Membership Drives

Selling MMA merchandise

Safety & Awareness Projects

In the space below, please tell us what, in your opinion, is the most important motorcycle issue(s) and why it (they) concerns you? (i.e., safety & awareness, helmet use, insurance coverage & rates, right of way violations, etc.)

(attach additional sheet if necessary)

**Send completed form to:
MMA, P.O. Box 378, Brimfield, MA 01010-0378**