



2024 Membership Form

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ AMA#: _____

Email: _____

Single or Family Membership \$200.00

(Family membership includes spouse as well as children under the age of 18)

Additional family members:

Name: _____ AMA# _____

Name: _____ AMA# _____

Name: _____ AMA# _____

Name: _____ AMA# _____

Please mail your club membership form and dues to:

**S.M.M.A.C.
C/O Cal Branton
5220 W 139th St
Savage, MN 55378**