



American Historic Racing Motorcycle Association
2375 Midway Road SE
Bolivia, NC 28422
910-253-8012
Fax 910-253-8313

AHRMA Benevolent Fund Application

Names: _____ **Memb#:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Work Phone:** _____

Fax #: _____ **Email:** _____

AMA Memb #: _____ **Date of app:** _____

Location and Date of Event: _____

Time of Incident: _____

Description of Incident: _____

Injuries: _____

Name of AHRMA Official Reported to: _____

Witnesses: _____

Insurance company: _____ **Policy #:** _____

Reason for Request: _____

Information in this request, though confidential, may be subject to verification by the Benevolent Fund Committee. Fill out this form completely and mail or fax it to the address shown at the top of this page.