

Triumph Register of America — Membership Application & Renewal Form

Member Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Email: _____

Alternate Member Name: _____

May we share your email address with other TRA members?

Yes No

Membership Type

New Member Renewal

Membership Term at \$60 domestic / \$70 international per year:

1 Year - \$ _____ 2 Years - \$ _____

Payment Information

Check Enclosed (Payable to "Triumph Register of America")

Credit Card or PayPal Payment

Triumph Vehicle(s) Owned

Model: _____ Year: _____ Commission #: _____ Color: _____

Condition: Restored Original Project

Model: _____ Year: _____ Commission #: _____ Color: _____

Condition: Restored Original Project

Model: _____ Year: _____ Commission #: _____ Color: _____

Condition: Restored Original Project

Model: _____ Year: _____ Commission #: _____ Color: _____

Condition: Restored Original Project

Model: _____ Year: _____ Commission #: _____ Color: _____

Condition: Restored Original Project

Model: _____ Year: _____ Commission #: _____ Color: _____

Condition: Restored Original Project

Any additional vehicle comments:

Local Club Affiliation (if any): _____

Referred by (optional): _____

Signature: _____ Date: _____

Privacy Note: Your contact information will be used solely for club communication, event notices, and official TRA publications. It will not be sold or shared externally.