



2026 MEMBERSHIP APPLICATION

Name: _____

SSN: _____ Phone: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Please check which membership you are applying for:

\$50 - Full membership (includes all member benefits, including 3rd party liability insurance and bike insurance if trainer, owner(s), and driver are current members.)

\$150 – Driver membership (includes all full membership benefits plus bike insurance coverage regardless of owner(s) and trainer membership status)

Make checks payable to KHHA and mail to:
1588 Leestown Road
STE 130-203
Lexington, KY 40511