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TRIUMPH REGISTER OF AMERICA Membership Application Form

Please write legibly.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please include area code

Car _____

Make & Model

Year _____ Commission Number _____

Car _____

Make & Model

Year _____ Commission Number _____

Car _____

Make & Model

Year _____ Commission Number _____

Car _____

Make & Model

Year _____ Commission Number _____

Mail check and/or application to:

Tonda Macy
TRA Treasurer/Membership
4200 Lisa Drive
Tipp City, OH 45371
tonda@macysgarage.com
937-266-1832