

Welcome to TRA



TRIUMPH REGISTER OF AMERICA Membership Application Form

Please write legibly.

Name (including spouse if desired) _____

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:

Chuck White
TRA Membership
472 Thelma Ave
Xenia, OH 45385-2118
tra.membership.chair@gmail.com