



Membership Form

Please enter all the information requested below.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION

Should an emergency arise while at a club event this information will allow us to notify family.

Name: _____

Relationship: _____

Phone Number: _____

I have been a member since _____(year) and would like to renew my membership.

Type of Membership: _____ Individual \$40.00 (18 and older)

_____ Family \$50.00 (Spouse & children under 18)

If a family membership is chosen please list family members on the reverse side of this form

I, the undersigned, apply for membership renewal to The Valley ATV Club, Inc. and do hereby agree to abide by all club rules and by-laws. I also acknowledge the risk of injury to person and property while participating in all ATV events. I will rely on my own judgment and ability while participating in club events and assume all risks of injury or damage arising out of such participation. I will not sue or make any claim what so ever against The Valley ATV Club, Inc. or its members or any other organizers of club events as a result of such participation.

Signature

Date

FAMILY MEMBERSHIP INFORMATION

Name of Family Member	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Riding experience and Machine Information

I have been riding since _____. I prefer riding a, _____ machine.

I currently ride a, _____, _____, _____.
Year Make Model

I haul my ride with, _____

Other hobbies or activities I would like to share:

