



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 \$15.00 (18 and older)

_____ Family \$20.00 (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

