

AUSABLE VALLEY TRAILRIDERS MEMBERSHIP APPLICATION

Please complete and submit the application below with your dues

For Members Only - information to be used in club directory

Full Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Email Address: _____

Company Name: (optional) _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Email Address: _____

LEVEL OF RIDING EXPERIENCE - *for club records only*

Are you a member of any other ATV or snowmobile organizations? Yes _____ No _____

If yes, which ones _____

Do you have any previous experience with trail riding? Yes _____ No _____

Have you attended safety training classes? Yes _____ No _____

I hereby certify that I have read and understand the Trail Riders Membership Agreement. By signing I agree to abide by its terms and conditions.

Signature: _____ Date: _____

All Memberships are for 1 year and run January to December

Dues:

_____ **Business \$25.00** (includes 2 votes in any club election)

_____ **Family \$20.00** (includes 2 votes in any club election)

_____ **Single \$15.00** (includes 1 vote in any club election)

_____ **TOTAL**



Mail application plus check or money order to: Au Sable Valley TrailRiders Assoc., PO Box 266, Oscoda, MI 48750