TOPSHAM TRAILRIDERS ATV/SNOWMOBILE CLUB

Membership Information Sheet
Please Print Clearly

Dues $30.00 Family___(X) $100.00 Business____(X)

Topsham Trailriders Club
Box 421
Topsham, Maine 04086

Date_____ New Membership Y/N_____

Name:_____
First Name Middle Last Name

Name of Business: _____

Family Members_____ Total # in Family_____

Address:_____
Street Town/State Zip

DOB_____ Beneficiary_____

E-Mail: _____ Date Paid_____

ATV Owned Y/N_____Snowmobile Owned Y/N_____ Other_____

Riding Ability Level: Expert_____Intermediate_____ Beginner_____

Available to work on committees: Y/N____ Phone Number_____

Committee or projects of Interest: Trails; Y/N_____ Rides: Y/N_____

Fund Raiser Y/N_____ Newsletter Y/N_____ Advertising Y/N_____

In signing I promise to obey all Club rules , regulations, and all State and Federal Laws, and respect the right of all land owners.

Signature:_____ Date: _____

I was recruited by:_____ID assigned_____