



# Southern Vermont Trail Riders, Inc.

## Club Membership Application Form

For Year: \_\_\_\_\_

First Family Member:

NAME: \_\_\_\_\_

Dues: \$20.00

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Do you wish to be added to the SVTR Trail Mail Email list: YES: \_\_\_\_ NO: \_\_\_\_

SVTR Work Party Email list: YES: \_\_\_\_ NO: \_\_\_\_

### Registered ATV(s):

YEAR	MAKE	MODEL/SIZE	COLOR

Second family member:

Name: \_\_\_\_\_ Dues: \$15.00

Each Additional family member:

Name: \_\_\_\_\_ Dues: \$5.00

Name: \_\_\_\_\_ Dues: \$5.00

Name: \_\_\_\_\_ Dues: \$5.00

Total Dues: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_