



Application for Membership
IDAHO ATV ASSOCIATION, INC.
 P.O. Box 190933, Boise, Idaho 83719
www.idahoatv.org

Member #: _____

Date Joined: _____

Your Last Name (Print)	Your First Name (Print)	Spouse (Print)
Street Address (Print)		
City / State / Zip (Print)		
Evening Phone	Work Phone	Cell/Mobile Phone
<input type="checkbox"/> Yes, please send all correspondence to my/our E-mail address to save on postage and printing costs. E-Mail Address: _____		
<input type="checkbox"/> Yes, I/We can access the Association's PAPER TRACKS Newsletter by the Website to save on postage and printing costs.		

- New Membership** Update Yearly Renewal (*Membership renewal date is one year from the month you join, aka "Anniversary Date".*)

Type of Membership:

- Individual \$15 per year (*18 Years and Over*)
 Spouse/Family \$20 per year
 Business/Sponsor \$60 per year
 Business Name _____
 Yes, we want our business listed in your Newsletter. No, not necessary.

Membership Directory:

- Yes, I / We want: Address Phone Number(s) listed in the next Membership Directory.
 No, do not list me/us.

I / We can volunteer for the following: (*Check all that apply.*)

- | | |
|---|---|
| <input type="checkbox"/> Cleaning trails (removing rubbish, dead branches, etc.) | <input type="checkbox"/> Coordinating and planning special events |
| <input type="checkbox"/> Supplying a chain saw and cutting branches out of trails | <input type="checkbox"/> Attending political meetings and writing political letters |
| <input type="checkbox"/> Coordinating and planning rides | <input type="checkbox"/> Searching and rescuing lost or hurt people |
| <input type="checkbox"/> Being an officer, director, committee member, etc. | <input type="checkbox"/> Mailing, folding newsletters, etc. |
| <input type="checkbox"/> Other: _____ | |

Read Carefully Before Signing:

I / We recognize that riding an ATV is a hazardous activity that can result in serious personal injury or death. I / We accept the risks inherent to riding with a group including, but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surface or sub-surface conditions on and off the trails and roads, collisions with other ATVs including other riders, and collisions with devices used to mark the boundary of trails or roads.

In consideration of my/our participation in the events and rides of the Idaho ATV Association, Inc., I / We hereby release and agree to hold harmless the Idaho ATV Association, Inc., their officers, directors, committees, employees and agents from all claims.

I / We have carefully read this agreement and the release of liability and fully understand its contents. I / We are aware that this release of liability is a contract between the Idaho ATV Association, Inc. and myself/us and I / We sign it of my/our own free will. My/our signature signifies that I / We have read and agree with this release.

Signatures _____ **Spouse** _____ Date _____

For IDAHO ATV Association, Inc. Use Only				
Date Received: _____	Check #: _____	Cash \$ _____	Receipt #: _____	Member #: _____