

# Membership Form



**Mountain Trail Riders  
Association**

**P.O. Box 353**

**Bluff City, TN 37816**

**[www.mountaintrailriders.org](http://www.mountaintrailriders.org)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

MTRA wants to keep you informed with what's going on in our club and in our sport. Please list all contact information and mark the way you prefer to be contacted.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile/Text: \_\_\_\_\_

(number & service – example -423-123-4567 - verizon)

Membership Type: \_\_\_\_\_ Individual 1yr \$20.00 \_\_\_\_\_ Family 1yr \$35.00

Family member's names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In consideration of my membership, I agree not to hold Mountain Trail Riders Association, or its member's, organizer's, individual's, or property owner's liable for any injury or damage, however caused, which may result from participation/observation in any event sponsored by Mountain Trail Riders Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(parent or Legal Guardian consent for member under 18)