

MIDWEST TRAIL RIDERS ASSOCIATION
MEMBERSHIP APPLICATION

(PLEASE PRINT)

TYPE OF MEMBERSHIP

RENEWAL, OLD MTRA NO. _____ NEW _____

TYPE: INDIVIDUAL(\$10) _____ FAMILY(\$15) _____
DEALER / CLUB / BUSINESS (\$20) _____

MEMBERSHIP DUES ARE NOT TAX DEDUCTIBLE

FIRST NAME: _____ LAST NAME: _____

FIRST NAMES OF FAMILY MEMBERS (DEPENDENTS)

HOME

ADDRESS: _____
NUMBER STREET

CITY STATE ZIP

HOME PHONE () _____ - _____

EMAIL: _____

TYPE OF RIDER: MOTORCYCLE: _____, ATV: _____,
BOTH: _____

AMA MEMBER? YES ___ NO ___ IF SO,
NO. _____

OCCUPATION _____ AGE: _____

ARE YOU IN ANYWAY DISABLED? YES ___ NO ___,

IF YES , PLEASE EXPLAIN: _____

I AM INTERESTED IN HELPING WITH THE:

_____ POTOSI DISTRICT, _____ SALEM DISTRICT

_____ "ADOPT-A-TRAIL", _____ CONSTR. PROJECTS

_____ "STRIKEFORCE" (LETTER WRITERS)

WOULD YOU LIKE TO MAKE A DONATION TO THE
MTRA LAND FUND?

\$ _____

ANY OTHER SERVICES THAT YOU CAN PROVIDE?

I/WE THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR MEMBERSHIP/RENEWAL OF MY/OUR MEMBERSHIP IN THE MIDWEST TRAIL RIDERS ASSOCIATION INC. (MTRA). I/WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS AS STATED IN THE ASSOCIATION'S ARTICLES OF INCORPORATION AND BY-LAWS. I/WE SHALL AND HEREBY DO , FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, RELEASE, DISCHARGE AND FOREVER HOLD HARMLESS, THE MTRA OFFICERS, PAST AND PRESENT, THE AMA, U. S. FOREST SERVICE, FROM ANY AND ALL CLAIMS OR LIABILITIES DIRECTLY AND INDIRECTLY AS A RESULT OF ALL INJURIES (INCLUDING DEATH) AND/OR ACCIDENTS TO OR CAUSED BY MYSELF WHILE ENGAGED IN ANY FORM OF MOTORCYCLING (INCLUDING ALL TYPES OF ATVS) RIDING ANY MOTOR VEHICLE, OR ANY OTHER ACTIVITIES PERFORMED BY MYSELF IN CONNECTION WITH THE MIDWEST TRAIL RIDERS ASSOCIATION INC., AND FREE SAID ORGANIZATION FROM ANY RESPONSIBILITY THEREWITH. I/WE ALSO AGREE TO HOLD BLAMELESS THE OWNERS OF ANY PROPERTIES THAT I/WE MAY CROSS DURING ANY MTRA ACTIVITY FOR ANY LOSSES OR INJURY (INCLUDING DEATH). I ALSO CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. IF UNDER 18, I MUST HAVE PARENTAL CONSENT.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF FAMILY MEMBER

DATE

SIGNATURE OF FAMILY MEMBER

DATE

SIGNATURE OF FAMILY MEMBER

DATE

MAKE CHECKS PAYABLE TO AND RETURN TO:

M T R A
P.O. BOX 1203
MARYLAND HTS., MO 63043

MEMBERSHIP DUES ARE NOT TAX DEDUCTIBLE 2016

PLEASE SIGN THE ADJACENT SIDE OF THIS APPLICATION

If you can, please go to MTRA's web page at www.ridemtra.com and add your email address to our mailing list!