





## Regular Membership Information Sheet

## Please Print Clearly

Add \$15 to also belong to MSA _	(X) \$15.00 Associate	(W/Proof of Membership to another club)
Bring a completed	application to a TTR event of Topsham Trailriders Club PO Box 421 Topsham, Maine 04086	
Date		New Membership Y/N
Primary Member: First Name	Middle	Last Name
Age E-Mail:		Phone:
Other Member Names/Ages		
Address:Street		n/State Zip
In case of insurance payout – Beneficiary		3-a
Do you own an ATV or UTV?	_ Do you own a Snowmo	bile? Y/N
Riding Ability Level: Beginner Int	ermediate Expert	
Please select any committees of interest b	pelow:	
Trails Rides Membersh	ipLandowner Relation	ons Fund Raising
Newsletter Community Events _	Website TRAILS	MSA P
Would you like to purchase club apparel?	? Yes No	
Would you like to purchase a club sticker	INC 20	E
In signing I promise to respect landowner State and Federal Laws.	r's rights, obey all applicable	Club rules, regulations, and all applicable
Signature:		Date:
I was recruited by:	ID	assigned
Date Paid		