



TOPSHAM TRAILRIDERS ATV/SNOWMOBILE CLUB



Membership Information Sheet

Please Print Clearly

Dues \$35.00 Family ___ (X) Add \$5 to also belong to MSA ___ (X)
 \$100.00 Business ___ (X) \$15.00 Associate ___ (X)

(Must Show Proof of Membership to another club)

Topsham Trailriders Club
 Box 421
 Topsham, Maine 04086

Date _____ New Membership Y/N _____

Name: _____
First Name Middle Last Name

Name of Business: _____

Family Members _____ Total # in Family _____

Address: _____
Street Town/State Zip

DOB _____ Beneficiary _____

E-Mail: _____ Date Paid _____

ATV Owned Y/N _____ UTV Owned Y/N _____ Snowmobile Owned Y/N _____

Other _____ Riding Ability Level: Beginner _____ Intermediate _____ Expert _____

Available to work on committees: Y/N _____ Phone/Cell Number _____

Committee or projects of Interest: Trails; Y/N _____ Rides: Y/N _____

Fund Raiser Y/N _____ Newsletter Y/N _____ Advertising Y/N _____

In signing I promise to obey all Club rules, regulations, and all State and Federal Laws,
 and respect the right of all land owners.

Signature: _____ Date: _____

I was recruited by: _____ ID assigned _____