

Member No. _____

***Black River Valley Four Wheeler Club, Inc.
P.O. Box 178
Brantingham, New York 13312***

brvfvc@gmail.com

**Single/Family Membership \$10.00
Free Membership to persons 80 YOA and older
Membership year shall be from January 1st to December 31st**

(Mail check or money order to Black River Valley Four Wheeler Club, Inc.)

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

Email Address: _____

Family Membership

Family Member Name(s) _____

Do you have a seasonal residence located in Lewis County Yes ____ No ____

911 Address of seasonal residence, and Township _____

I, the undersigned, do hereby acknowledge that the By-Laws of the Black River Valley Four Wheeler Club, Inc., are available by copy and I (and persons under by family membership) will abide by the given laws. I also acknowledge the risk of accident/injury to my person or property and to others while riding. I will hold harmless the Black River Valley Four Wheeler Club, Inc., its Board of Directors/Members or any landowner on or near designated trails, rides or at facilities where located.

Signature _____ **Date** _____

*****IN LEWIS COUNTY, YOU MUST PURCHASE A TRAIL PERMIT. JOINING A CLUB ENTITLES YOU TO A \$20.00 DISCOUNT ON A TRAIL PERMIT. PRESENT YOUR MEMBERSHIP CARD WHEN PURCHASING A TRAIL PERMIT TO RECEIVE YOUR DISCOUNT.*****



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