



Ramona Trails Association P.O. Box 2136, Ramona, CA 92065

2025 MEMBERSHIP REGISTRATION FORM

(Membership good to December 31, 2025)

Please make checks payable to Ramona Trails Association (RTA)

Today's Date _____ New _____ Renew _____

ANNUAL DUES: (check one) **INDIVIDUAL \$25.00** (over 18 yrs old) _____
FAMILY (same household) \$35.00 _____

Adult Member #1 (first and last) _____

Adult Member #2 (first and last) _____

Children & Ages (under 18 yrs) _____

Address: _____

City: _____ State: _____ Zip: _____

#1. Phone: _____ #2. Phone: _____

Primary Email: _____

Liability Release

The undersigned, in consideration of acceptance of the application for membership, does hereby for himself/herself, his/her heirs, executors and administrators, waive and release the Ramona Trails Association, their officers, board, and all individual members thereof from any and all rights, claims, or legal liability that he/she might have due to membership participation in activities sponsored by this club.

_____ (initial here) The applicant(s) have at **least one of the following insurance coverage:** Homeowners or Medical

Signature of Member #1 _____

Signature of Member #2 _____

Trail User Type (check all that apply): Hike _____ Bike _____ Equestrian _____

Activity Interests (check all that apply): Trails/Maintenance Projects _____ Group hikes/rides _____
Group Camping _____ Local Outreach (events, fairs, etc) _____ Fundraising _____
RTA Board Position _____ RTA Committees _____