Application for Membership
Nokomis ATV
June 1st to May 31st

www.nokomisatvclub.org

Name **(Please Print)** _____

Mailing Address Street or P.O. Box _____

City _____ State _____ Zip _____

Phone # (_____) _____

E-Mail Address **(Please Print Clearly)** _____

_____

Types of Membership: _____ **New or** _____ **Renewal**

_____ Business Membership **$50.00**

_____ Individual Membership **$10.00**

_____ *Family Membership **$15.00**

*Spouse _____

*First names of children 18 years & younger

Name	Age	Name	Age
_____		_____	
_____		_____	

READ CAREFULLY BEFORE SIGNING: The undersigned applies for membership in the Nokomis ATV Club, and does hereby agree to abide by all club rules and by-laws. I also acknowledge the risk of injury to my person and property while participating in club events and assume all risks of injury or damage arising out of such participation. I will not sue or make claim whatsoever against the Nokomis ATV Club or to any organizers of club events as a result of such participation.

Signature _____ **Date** _____

Please return application to: **Nokomis ATV Club, P.O. Box 91, Heafford Jct. WI 54532**