

**Application for Membership
Nokomis ATV
June 1, 2016 to May 31, 2017**

Name (Please Print) _____

Mailing Address Street or P O Box _____

City _____ State _____ Zip _____

Phone # _____

E-Mail Address (Please Print Clearly) _____

Type of Membership: New _____ or Renewal _____

_____ Individual \$10.00 _____ Family \$15.00 _____ Business \$50.00

List Family Members: (Spouse & Children 18 Years & Younger)

First Name	Age	First Name	Age
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First Name	Age	First Name	Age
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_____	_____	_____	_____
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Are You Authorized for ATV Trail Patrol Yes ___ No ___

If No, Would You Like to Become a Member of the Nokomis ATV Trail Patrol Yes ___ No ___

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**

