



PO BOX 633
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MEMBERSHIP APPLICATION

Individual (\$15) _____ Family (\$20) _____ Business (\$50) _____

Member's Name:
Mailing Address:
Phone No.:
Email Addresses:
Do you want your contact information kept private? YES NO
Please list dependent children names and ages:
Is safety training required for anyone? YES NO

TREASURER NOTES	
Date Paid	
Cash	
Check No.	
New Member	
Renewal	
SECRETARY NOTES	
Date added to roster	
Date email verified	

Regular meeting is the second Monday of the month.
 Dues are \$15 for Individuals, \$20 for a Family (2 adults and minor children under 18),
 and \$50 per year for Business memberships.
 Annual renewal to be completed by March 1.

Read carefully before signing: The undersigned applies for membership into the Chippewa Valley ATVers Inc and does hereby agree to abide by all club rules and bylaws. I also acknowledge the risk of injury to my person and property while participating in ATV events. I will rely on my own judgment and ability while participating in club events and assume all risks of injury or damage arising out of such participation. I will not sue or make any claim against the Chippewa Valley ATVers or to any organizers of club events as a result of such participation. Membership application form must be filled out annually.

Signature _____ Date _____