



# MTN Trail Riders Association

## Membership Form

Please complete this form and along with a check, mail to:

MTN Trail Riders Association  
 PO Box 353  
 Bluff City, TN 37618

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

**MTN Trail Riders want to keep you informed about what's going on in our club and in our sport. Please list all contact information and mark the best way for you to be contacted.**

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mobile/Text \_\_\_\_\_

(number & service - eg: 423-123-1234: Verizon)

Membership Type	_____ Individual 1yr	\$20.00	Family Members Names _____
	_____ Family	\$35.00	_____
	<b>Kids under 18yrs Free</b>		_____

Information about yourself that might be beneficial to the club (eg: chainsaw certified, GPS proficient, grant writing, fundraising, advertising, willing to do trail work, etc)

\_\_\_\_\_  
 \_\_\_\_\_

**What committees do you have an interest in? We need your help!**

Membership \_\_\_\_\_ Riding Areas \_\_\_\_\_ Public Land \_\_\_\_\_ Club Business \_\_\_\_\_  
 Racing \_\_\_\_\_ Media Relations \_\_\_\_\_ Fun Rides \_\_\_\_\_ Food Committee \_\_\_\_\_ Community \_\_\_\_\_

All member names will be posted on our website. If you DO NOT want your name posted, initial here: \_\_\_\_\_

In consideration of my membership, I agree not to hold MTN Trail Riders Association, or its members or organizers, individual, state, city, or government land owners liable for any injury or damage however caused, which may result from participation in any event sponsored by MTN Trail Riders Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (parent or Legal Guardian consent for member under 18)