

ISLAND FALLS FREE-WHEELERS ATV CLUB
INDIVIDUAL/FAMILY MEMBERSHIP FORM

NEW _____ RENEWAL _____

_____ \$20.00 Primary Membership
(includes spouse & children under 18)

_____ \$10.00 Associate Membership
(primary membership with another ATV club)

Please print clearly

PRIMARY CLUB: _____

ASSOCIATE CLUB: _____

NAME: _____ D.O.B.: _____

PHONE:(____)____-_____

MAILING ADDRESS: _____ CITY: _____

STATE/ZIP: _____ SPOUSE: _____

CHILDREN (under 18): _____ D.O.B.: _____

CHILDREN (under 18): _____ D.O.B.: _____

EMAIL(for newsletter): _____

\$2,000 Accidental Death & Dismemberment Insurance for the member, spouse and children under 18 living in the same household.

BENEFICIARY _____ RELATIONSHIP _____

AREAS OF INTEREST: CIRCLE ALL THAT APPLY:

TRAIL WORK***EQUIPMENT***LANDOWNER RELATIONS SAFETY TRAINING***OFFICERS
SEARCH & RESCUE***BOARDS/COMMITTEES***FUNDRAISING ACTIVITIES/EVENTS***
HELP WHERE NEEDED

I understand that by signing this form, my membership can be discontinued at any time if the club or its officers have reason to believe that I or a member of my family operates an ATV irresponsibly so that it endangers the landowner/club relationship or if it is believed that the operator could cause harm to another individual. My membership fee is non-refundable and it is intended to be used to support the club as a whole. I agree to hold harmless the Island Falls Free-Wheelers A.T.V. Club from all liabilities resulting from my involvement with the club. Any questions call Lloyd Phillips 538-8146.

Signature: _____ Date: _____

Please make checks payable to: Island Falls Free-Wheelers A.T.V. Club, PO Box 45, Island Falls, Me 04747