



EAST KENTUCKY ATV CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Home #:	Cell #:
Current address:		
City:	State:	ZIP Code:
Email:	Join Date:	

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	Home #:	Cell #:

CLUB INFORMATION (OFFICAL USE ONLY)

Club Position:
Member Since:

REFERED BY MEMBER:

Name	Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Date of birth:
Name	Date of birth:
Name	Date of birth:
Name	Date of birth:

TYPE OF MEMBERSHIP

_____ Individual Membership \$20.00	_____ Family Membership \$30.00
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SIGNATURES

East Kentucky Regional ATV Club nor any of the members of the group are not responsible for any injuries or losses. I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: