PATRIOT CORNSTALKERS ATV/UTV CLUB

P.O. Box 242 * Coleman, WI 54112-0242

Annual Membership Application

_____ Individual Membership $20.00/Year (**Additional Fee** of $9.00/T-shirt)

S_____ M_____ L_____ XL_____ XXL_____ XXXL_____ XXXXL_____ Add $2/shirt for 5X or larger

_____ Family Membership $25.00/Year (**Additional Fee** of $9.00/T-shirt)

S_____ M_____ L_____ XL_____ XXL_____ XXXL_____ XXXXL_____ Add $2/shirt for 5X or larger

NAME(Print clearly):_____

ADDRESS:_____

PHONE:_____ **TEXT:** ____Yes / ____No

EMAIL:_____

ATV:_____ **UTV:**_____

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PLEASE READ CAREFULLY:

I/we the undersigned do hereby agree to abide by all the club rules and by-laws. I/we understand the risk of injury while participating in events sponsored by the **Patriot Cornstalkers ATV/UTV Club** or on my own. I/we understand the **Patriot Cornstalkers ATV/UTV Club** cannot assume responsibility or safety of me and/or my family members and/or my passengers if I/we participate in any **Patriot Cornstalkers ATV/UTV Club** sponsored function. If I/we participate in any **Patriot Cornstalkers ATV/UTV Club** event, I/we do so voluntarily on my assessment of the conditions of machines and abilities of skills. I/we further understand that I/we assume all risks for myself, my passengers, and my property and agree to hold harmless all officers, directors, members and representatives from any and all liability loss, damage, cost, claims, or lawsuits including but not limited to bodily injuries or death. All members must be 18 years of age or older to join the **Patriot Cornstalkers ATV/UTV Club.**

SIGNATURE:_____ **DATE:**_____

Additional Family Membership Members (Must live in the same household & be 18 years or older.)

NAME(Print clearly):_____

ADDRESS:_____

PHONE:_____ **TEXT:** ____Yes / ____No

NAME(Print clearly):_____

ADDRESS:_____

PHONE:_____ **TEXT:** ____Yes / ____No

NAME(Print clearly):_____

ADDRESS:_____

PHONE:_____ **TEXT:** ____Yes / ____No

NAME(Print clearly):_____

ADDRESS:_____

PHONE:_____ **TEXT:** ____Yes / ____No

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OFFICE USE ONLY: **Membership Year _____ to _____**

Date:_____ Membership Amount Received: $_____

Ck# or Cash Receipt#_____ T-Shirt Amount Received: $_____

Received by: _____ (Initials) **TOTAL AMOUNT RECEIVED**: $_____