



Upstate ATV Association Inc
Membership Application
 PO Box 245
 Newport, NY 13416

*Tab to each field and type in entries
 Or Print this page and manually fill in. Please Print Clearly.*

- Member 1 Name:**
- Member 2 Name:**
- Mailing Address:**
- City, State, Zip Code:**
- Telephone:**
- E-Mail Address:**
- Type ATV(s) Owned:**
- License Number:**
- Optional Information**
- Occupation:**
- List Special Talents:**

Example: computer skills, equipment operator, newsletter editor, organizing, writing, etc

| New | Renewal |
|-----------------------------------------|--------------------------------------------|
| <i>Single Membership \$20.00</i> | <i>Family Membership &25.00</i> |
| <i>Membership from April 1, 200</i> | <i>to March 31, 200 .</i> |

***** **Please:** *****
*Sign & return membership application to above address along with membership fee.
 Membership fee includes \$5.00 fee to be paid to NYSORVA
 Make sure that you have included your complete mailing address above.*

Signature: _____

Official Office Use Only

- | | | |
|---------------------|----------------------|------------------------------|
| Needs member packet | Mailed member packet | Member packet hand delivered |
| | Paid by check # | Paid by cash |