



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

Single Membership \$20.00

Family Membership &25.00

Membership from April 1, 200

to March 31, 200 .

***** **Please:** *****

Sign & return membership application to above address along with membership fee. Make you check out to:
 UPSTATE ATV ASSOCIATION INC.. 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