

St Croix County Trail Riders ATV Club Enrollment Form (P.O. Box 16 Woodville, WI 54028)

Name: _____ / _____

Address: _____ Phone: (____) _____

_____ E-mail _____

Include Check, make payable to: SCCTRATV Club, \$15.00 Single __ \$20.00 Family __ (Husband/Wife/children under 18) Internet Associate __\$50.00 (includes club website listing) _____

My signature on this form certifies that I agree to abide by all the stipulations set forth in the bylaws of the St. Croix County Trail Riders ATV Club and agree to hold any/all members harmless with regards to any possible injury incurred or related to club functions.

Signature _____ Date __/__/__

Signature _____ Date __/__/__