

## Midwest Trail Riders Association Membership Application

Please print this application, complete it and mail to address below.

**Membership:**  New  Renewal **Type:**  Individual \$10.00  Family \$15.00  
 Old MTRA  Dealer \$20.00  Club \$20.00  
 Number:  Business \$20.00

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**First Names of Family Members:** [1] \_\_\_\_\_ [3] \_\_\_\_\_  
 (Dependents) [2] \_\_\_\_\_ [4] \_\_\_\_\_

**Home Address :**

Number/Street City  
 State  
 Zip

**Type of Rider:**  ATV  Motorcycle  Both

**AMA Member:**  Yes, Number: \_\_\_\_\_  
 No

**Home Phone:** \_\_\_\_\_

**Occupation:**

**Are you in anyway Disabled**  Yes  No If yes, Please explain:

**Are you interested in helping with the:**  Potosi District  "Adopt-A-Trail"  Constr. Projects  
 Salem District  "Strike Force" (Letter Writers)

**Would you like to make a donation to the MTRA Land Purchase Fund?** \_\_\_\_\_ \$

**Any other services you can provide?**

I/WE THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR MEMBERSHIP/RENEWAL OF MY/OUR MEMBERSHIP IN THE MIDWEST TRAIL RIDERS ASSOCIATION, (MTRA). I/WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS AS STATED IN THE ASSOCIATION'S ARTICLES OF INCORPORATION AND BY-LAWS. I/WE SHALL AND HEREBY DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, RELEASE, DISCHARGE, AND FOREVER HOLD HARMLESS, THE MTRA OFFICERS, PAST AND PRESENT, THE AMA, U.S. FOREST SERVICE, FROM ANY AND ALL CLAIMS OR LIABILITIES DIRECTLY AND INDIRECTLY AS A RESULT OF ALL INJURIES (INCLUDING DEATH) AND/OR ACCIDENTS TO OR CAUSED BY MYSELF WHILE ENGAGED IN ANY FORM OF MOTORCYCLING (INCLUDING ALL TYPES OF ATVS) RIDING ANY MOTOR VEHICLE, OR ANY OTHER ACTIVITIES PERFORMED BY MYSELF IN CONNECTION WITH THE MIDWEST TRAIL RIDERS ASSOCIATION INC., AND FREE SAID ORGANIZATION FROM ANY RESPONSIBILITY THEREWITH. I/WE ALSO AGREE TO HOLD BLAMELESS THE OWNERS OF ANY PROPERTIES THAT I/WE MAY CROSS DURING ANY MTRA ACTIVITY FOR ANY LOSSES OR INJURY (INCLUDING DEATH). I ALSO CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. IF UNDER 18, I MUST HAVE PARENTAL CONSENT.

**Signature is required for all applicants**

\_\_\_\_\_  
 Signature of Applicant / Date

\_\_\_\_\_  
 Signature of Family Member/ Date

\_\_\_\_\_  
 Signature of Family Member/ Date

\_\_\_\_\_  
 Signature of Family Member/ Date

\_\_\_\_\_  
 Signature of Family Member/ Date

\_\_\_\_\_  
 Signature of Parent/Guardian  
 (If Required)/ Date

**Make check payable to and return to:**

**MTRA  
 P.O. Box 1203  
 Maryland Heights, MO 63043**

**Membership Dues are not tax deductible**