

MIDWEST TRAIL RIDERS ASSOCIATION
MEMBERSHIP APPLICATION

(PLEASE PRINT) MEMBERSHIP # _____
TYPE OF MEMBERSHIP: NEW: _____
RENEWAL: _____
MEMBERSHIP COVERS: INDIVIDUAL (\$15) _____
FAMILY (\$20) _____

(Family includes yourself, spouse, & minor children living with you in your home, not extended family.)
DEALER / CLUB / BUSINESS (\$25) _____

FIRST NAME: _____ LAST NAME: _____

FIRST NAMES OF FAMILY MEMBERS (DEPENDENTS)

HOME ADDRESS: _____
NUMBER STREET

CITY STATE ZIP

HOME PHONE () _____ - _____

CELL PHONE () _____ - _____

EMAIL ADDRESS: _____

TYPE OF RIDER: MOTORCYCLE: ____, ATV: ____,
BOTH: ____

AMA MEMBER? YES _____ NO _____

IF SO -- AMA NUMBER: _____

OCCUPATION _____ AGE: _____

I AM INTERESTED IN HELPING WITH THE:

_____ POTOSI DISTRICT, _____ SALEM DISTRICT

_____ ADOPT-A-TRAIL, _____ CONSTR. PROJECTS

_____ STRIKE FORCE (LETTER WRITERS)

WOULD YOU LIKE TO MAKE A DONATION TO THE
MTRA LAND FUND? \$ _____

ANY OTHER SERVICES THAT YOU CAN PROVIDE?

PLEASE SIGN THE ADJACENT SIDE OF THIS APPLICATION
(If you have not already done so, please go to MTRA's web page
at www.ridemtra.com and add your email address to our mailing list!)

I/WE THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR MEMBERSHIP/RENEWAL OF MY/OUR MEMBERSHIP IN THE MIDWEST TRAIL RIDERS ASSOCIATION INC. (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 IN OR ON 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.

X _____
SIGNATURE OF APPLICANT DATE

X _____
SIGNATURE OF FAMILY MEMBER DATE

X _____
SIGNATURE OF FAMILY MEMBER DATE

X _____
SIGNATURE OF FAMILY MEMBER DATE

X _____
SIGNATURE OF PARENT/GUARDIAN DATE

MAKE CHECKS PAYABLE TO AND RETURN TO:
M T R A
P.O. BOX 1203
MARYLAND HTS., MO 63043

MEMBERSHIP DUES ARE NOT TAX DEDUCTIBLE 2023