

High Mountain ATV Association, Inc.
Ride with Family *Ride with Pride*



High Mountain ATV 2015 Membership Form

Name: _____

Date: _____

New () or Renewal ()

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ E-mail: _____

Type of Membership desired:

- () Individual: \$15
- () Family: \$20
- () Business: \$35

If Family Membership, please list the members of your family who live in your household: _____

If Business Membership, please enclose your business card. Thank you.

Funds Attached: \$ _____

NOTE: Dues are on an annual basis with a due date of January 31st.

Dues for new members that are posted after October 1st include the following year.

Your Signature: _____ Date: _____

If your membership is the result of efforts by a current member, please let us know who we should give credit to: _____

High Mountain ATV Association, Inc.
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