



High Mountain ATV 2016 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.
P.O. Box 805
Wallace, ID 83873
Email: hmatva@cebridge.net Phone: 208-512-5465