



Membership Form

Please Select Membership Type

<input type="checkbox"/>	Individual Membership	\$15.00
<input type="checkbox"/>	Family Membership	\$20.00
20		
Fort Frontier ATV Club PO Box 105 Fort Fairfield, ME 04742		

Year Enrolled: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Number of ATVs: _____

*** Up to two (2) stickers will be given to you. Each additional sticker will cost \$2.00 ***

Please list names and ages of riders in family:

Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____



**** Please note, family members over 18 need an additional individual membership except in special circumstances ****



Membership Receipt

Year Enrolled: _____

Date: _____

Name: _____

Individual:
Amount Paid: _____

Family:
Cash/Check # _____

Dues Received by: _____