

# Western New York Trail Riders Inc.- Membership Application

WNYTR  
 P.O. Box 349  
 Warsaw, New York 14569  
 E-Mail : info@WNYTR.com



## APPLICANT INFORMATION

Name :		DOB :	
Address :		Phone :	Cell :
City :		State :	Zip :
E-Mail :			

## FAMILY -HOUSEHOLD\* INFORMATION

Spouse / Significant Other and dependant children under 18 living at home ONLY

*\*(Family-Household) this only includes child under 18 years of age and must reside in the same household.*

Spouse/SO Name :	
Child's Name :	Age:
Child's Name :	Age:
Child's Name :	Age:
Child's Name :	Age:

## EMERGENCY CONTACT INFORMATION

Name :	Phone :
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## ATV INFORMATION & INSURANCE INFORMATION

**Must attach a copy of current registrations and current insurance ID cards**

**MEMBERSHIP FEES - Make Checks or Money Orders Payable to WNYTR Inc.**

<input type="checkbox"/> Single Membership \$40.00	<input type="checkbox"/> Many Members of WNYTR club ride all year round at other trail If you would like to be added to the email list to participate at other trails and invite anyone to come along, this list will be distributed and used for this purpose.
<input type="checkbox"/> Family Membership \$75.00 ALL SxS's (UTV) are classified as Family Membership	

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS AND INDEMNITY AGREEMENT**

**Must be signed by all members prior to participating in any ride event.**

Applicant Signature	Print Name :	Date :
Spouse / SO Signature	Print Name :	Date :

Paper copies are uncontrollable. This Application and Fee's are only valid at time of printing.