



Membership Application Form

MEMBER INFORMATION

Name: _____
 Mailing Address: _____
 Phone: _____
 Cell: _____
 Email: _____

ATV INFORMATION

Make: _____
 Model: _____
 Color: _____
 Year: _____
 License Plate: _____

**** NOTE: You must provide a copy of your NYS registration and insurance with first year's membership****

ADDITIONAL INFORMATION

Number of Members: _____
 Additional Names: _____
 Membership Date: _____

Club Dues are \$25 Single / \$30 Family Per Year

Mail completed form with a check made payable to OUTBACKRIDERS INC to:

Gordon Duprey -Club Treasurer
 24 Reservoir Rd (518-643-8405)
 Peru N.Y. 12972
 gordonduprey72@msn.com
 Outbackridersatvclubinc.com

RECEIPT

Name _____ Date _____ Membership Type _____