

Membership Application Form

Club Dues are \$25 Single and \$30 Family per year

Member Information:

Name: _____ Partner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Membership Type: Single () Family ()

New Membership () or Renewal ()

ATV/UTV Information:

Make: _____

Model: _____

Color: _____

Year: _____

Lic. Plate: _____

Side by Side: Yes () N ()

Make: _____

Model: _____

Color: _____

Year: _____

Lic. Plate: _____

Side by Side: Yes () N ()

Make: _____

Model: _____

Color: _____

Year: _____

Lic. Plate: _____

Side by Side: Yes () N ()

Registration is January 1st through December 31st Early registration is October 15th

*Please use back for any additional machines

Additional Information:

Name of Members: _____

Application Date: _____

Do you want your information available to the membership? Yes () N()

Please mail completed form with a check made payable to *Outback Riders Inc.* to:

1227 Jersey Swamp Road

Morrisonville NY 12962

P: (518) 563-2010 E: carrieme355@charternet

