



Application for Membership

Nokomis ATV Club

www.nokomisatvclub.org

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Type of Membership: (check one) New Renewal

Name (Please Print) _____ *Spouse _____

Mailing Address Street or P.O. Box _____

City _____ State _____ Zip _____

Phone # (_____) _____

E-Mail Address (Please Print Clearly) _____

Business Membership **\$75.00** \$ _____
January 1 to December 31

Individual or *Family Membership **\$25.00** \$ _____
June 1 to May 31

Donation \$ _____

TOTAL ENCLOSED \$ _____

READ CAREFULLY BEFORE SIGNING: The undersigned applies for membership in the Nokomis ATV Club, and does hereby agree to abide by all club rules and by-laws. I also acknowledge the risk of injury to my person and property while participating in club events and assume all risks of injury or damage arising out of such participation. I will not sue or make claim whatsoever against the Nokomis ATV Club or to any organizers of club events as a result of such participation.

Signature _____ Date _____

Please return application and total to: Nokomis ATV Club, P.O. Box 91, Heafford Jct., WI 54532