



APPLICATION FOR ASSOCIATE MEMBERSHIP

(Please Print)

Name: _____
Last First Initial

Address: _____
Street City/Town Postal Code

Contact: _____
Home Phone Cell Phone E-Mail Address

ATV Operator Safety Training _____
Yes/No

Birth Date ____/____/____
dd mm yyyy

Completion of this membership application implies you intend to become an active member. You agree to participate in club functions and attend general meetings (held on the third Monday of each month).

You also agree to the principle of *participation by random selection* for work related activities. This means that when bodies are required to work at club functions (rallies, maintenance, etc) and there are not sufficient volunteers; members will be contacted by random selection from the membership list and asked to attend. With our current membership, it is anticipated each member will be asked to work approximately once every two years.

A fee of \$ 15.00 must accompany this application. This fee is for associate membership in SMATVA.

Membership in SMATVA is based on the calendar year. It must be renewed annually. Unless renewed, your membership will expire on 31 December of the current year.

I agree to abide by the bylaws of the Safety Minded ATV Association.

Signature

Date