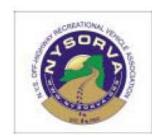


## Upstate ATV Association Inc Membership Application PO Box 245

PO Box 245 Newport, NY 13416



## Membership Runs From April 1, to March 31

Tab to each field and type in entries
Or Print this page and manually fill in. Please Print Clearly.

## **New Membership**

## **Renewal Membership**

Paid by cash

Single Membership \$20.00

Family Membership \$25.00

Member 1 First Name:	Last Name:			
Member 2 First Name:	Last Name:			
Mailing Address:				
City:		State:	Zip Code:	
Telephone: ()				
E-Mail Address:				
Type ATV(s) Owned:				
	Year:	License Plate Number:		
Make:	Year:	License Plate Number:		
Make:	Year:	License Plate Number:		
Make:	Year:	License Plate Number:		
Optional Information Occupation:				
List Special Talents:				
Exa	mple: computer skills, equipment opera	ator, newsletter editor, o	organizing, writing, etc	
	application to above addres OCIATION INC Make sure tl		nbership fee. Make you check uded your complete mailing	
Signature:		Date:		
**********	********Official Office Use	Only********	*********	
Needs member packet	Mailed member packet	Member packet hand delivered		

Paid by check #