Tri-County Trail Riders Membership Application

Name:_____**Date:**_____

Address:_____**City:**_____

State:___**Zip:**_____

Phone:_____**County:**_____

Email:_____

Membership Type: please check ☐ **Individual or** ☐ **Family $**25.00

Names of Each Family Member

_____

_____

_____

_____

Type of Vehicle (ATV-Dirt bike)

Year Make
Model

_____

_____

_____

_____

****Please include a copy of registration and insurance card for each vehicle*.

Please include a copy of registration and insurance card for each vehicle with this application.

Make Check or money order out to: ***Tri-County Trail Riders***

PO Box 330

Sanborn, NY 14132