

Tri-County Trail Riders Membership Application

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ County: _____

Email: _____

Membership Type: please check Individual or Family \$35.00

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.*

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

PO Box 330

Sanborn, NY 14132