FRASER VALLEY DIRT RIDERS

**********MEMBERSHIP APPLICATION**********

Please Select: ◯ New ◯ Renew Member since: _____

Name: _____ _____ Birth Date: ____/____/____
(Last) (First) (Mo) (Day) (Year)

Family Members Adult (19 +):_____ Birth Date: ____/____/____
(Mo) (Day) (Year)

:_____ Birth Date: ____/____/____
(Mo) (Day) (Year)

Family Members Children :_____ Birth Date: ____/____/____
(Mo) (Day) (Year)

:_____ Birth Date: ____/____/____
(Mo) (Day) (Year)

:_____ Birth Date: ____/____/____
(Mo) (Day) (Year)

Address: _____ City: _____ Postal Code: _____

Hm. Phone: _____ Cellular: _____ E-Mail: _____

Occupation/ Business: _____

Volunteering _____

The maintenance of the trails relies on volunteers, so if you have any skills or experience that you could offer the club it would be greatly appreciated.

Motorcycle make: _____ Model: _____ Year: _____
Motorcycle make: _____ Model: _____ Year: _____
Motorcycle make: _____ Model: _____ Year: _____
Motorcycle make: _____ Model: _____ Year: _____
Motorcycle make: _____ Model: _____ Year: _____

Vehicle License #_____ (Required for Camping)

Membership fees per calendar year: Family: $20.00 Paid: _____
Single: $20.00 Paid: _____

I, the undersigned, by applying for membership to the Fraser Valley Dirt Riders Association, agree to abide by the constitution and by-laws of said association and recognize the club objective: to improve and enhance the image and sport of off-road motorcycling and recognize that I and other members ride at our own risk.

Signature: _____ Date: _____

Signature of parent or guardian (if under age 19): _____

FVDRA admin only: do not fill out
Adopt a trail name:_____ Parking Pass#_____Trail Pass#_____
Buddy Family:_____