



*****2010 MEMBERSHIP APPLICATION*****

Please circle: New/Renew Member since: _____

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

Family Members Adult (19 +): _____ 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: _____ P.C.: _____

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

Occupation/ Business: _____

Volunteering: _____

Any specialized skills or experience you could offer to the club:

EMERGENCY MEDICAL INFORMATION (Use back of form if necessary)

Allergies: _____ Medications: _____

Family Doctor: _____ Phone #: _____

Care card number: _____ Other: _____

Membership fees per calendar year: Single: \$50.00 Family: \$75.00 Each membership includes one free BCORMA "Trail Pass" membership. If a Family Membership chooses to have two Trail Pass memberships, the total cost for Family Membership is \$90.00

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.

Signature: _____ Date: _____

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

FVDRA :do not fill out

Adopt a trail name: _____ Parking pass # _____ T.P. #'s _____

Buddy Family: _____