



APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

SPOUSE'S NAME: _____

CHILDREN'S NAMES & AGES: _____

ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

EMERGENCY PHONE & CONTACT: _____

Please send completed form, along with adult and minor liability waivers to:

Jonah Lehman: Vice President
lehmanmx@gmail.com

OR

Alysha Droptiny: Secretary
portlandtrailriders@gmail.com

Do not write below this line.

____ Honorary Member
____ Associate Member
____ Active Member
____ Prospective Member

____ Liability Waiver Signed
____ Dues Paid Date:
____ First Year of Membership