



APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

MEMBERSHIP TYPE (PLEASE SELECT ONE) :

- FAMILY \$100.00 50 HOURS
 INDIVIDUAL \$300.00 40 HOURS

SPOUSE'S NAME: _____

CHILDREN'S NAMES & AGES: _____

ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

EMERGENCY CONTACT PERSON & PHONE NUMBER: _____

[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.

____ Liability Waiver Signed

____ Prospective Member

____ Dues Paid

Amount: \$ _____ Date: _____ To: _____