APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

MEMBERSHIP TYPE (PLEASE SELECT ONE) :

- ☐ FAMILY $200.00 50 HOURS ($100.00/year after 1st year)
- ☐ INDIVIDUAL $400.00 40 HOURS ($300.00/year after 1st year)

SPOUSE'S NAME: _____

CHILDREN'S NAMES & AGES: _____

_____

_____

ADDRESS: _____

_____

EMAIL ADDRESS: _____

CELL PHONE: _____

EMERGENCY CONTACT & 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:_____

Rev: 02.04.2026