



Member # \_\_\_\_\_  
Date Received \_\_\_\_\_

Application for Membership  
**Eagle Rock ATV Association**  
Phone 208 529-2806

<http://eaglerockatvclub.com>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Yes, please send all correspondence to my **E-mail address:** \_\_\_\_\_

**Type of Membership:**      \_\_\_ Individual \$24.00      \_\_\_ Family \$24.00  
   \_\_\_ Business membership \$40.00

**Membership Directory:**      \_\_\_ Yes I would like      \_\_\_ No, do not list me

- I/We can volunteer for the following:**
- \_\_\_ Cleaning trails (removing rubbish, etc.)
  - \_\_\_ Supplying a chain saw & cutting branches from trails
  - \_\_\_ Coordinating & planning rides
  - \_\_\_ Being an officer, director, committee member, etc.
  - \_\_\_ Other \_\_\_\_\_
  - \_\_\_ Coordinating and planning special events
  - \_\_\_ Attending political meetings & writing political letters
  - \_\_\_ Searching & rescuing lost or hurt people
  - \_\_\_ Mailing, folding newsletters, etc.

**Read Carefully Before Signing:**

I/We recognize that riding an ATV is a hazardous activity that can result in serious personal injury or death. I/We accept the risks inherent to riding with a group including, but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surface or sub-surface conditions on and off the trails and roads, collisions with other ATVs including other riders, and collisions with devices used to mark the boundary of trails or roads.

In consideration of my/our participation in the events and rides of the Eagle Rock ATV Association, I/We hereby release and agree to hold harmless the Eagle Rock ATV Association their officers, directors, committees, employees and agents from all claims.

I/We have carefully read this agreement and the release of liability and fully understand its contents. I/We are aware that this release of liability is a contract between the Eagle Rock ATV Association and myself/us and I/We sign if of my/our own free will. My/Our signature signifies that I/We have read and agreed with this release.

Signature: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send application and Dues to 4039 Summerwood Lane, Ammon, ID 83406 / Eagle Rock ATV Association**  
Application for Membership`A