

Central Mountains All-Terrain Vehicle Association Inc P.O. Box 4 Lock Haven, PA 17745

Membership Application

Note: All Memberships start January 1st & end December 31st.

Applicant information: Please print		505
Name:		DOB:
Address:		
City:		State: Zip:
Phone: ()	_ E-mail: _	
If applicant is under 18, Parent or Gua	rdian must sign h	ere:
*Membership Status: New Membership Type: Single (\$15/y Note: For Family Memberships, each member receives a card. Please make checks p	r) 🗌 Family (\$2	(See Membership Criteria on back) 20/yr) Membership Amount: \$ **Optional Donation: \$ Total Amount Enclosed \$ /A and mail to the address above.
Family Membership Information:		Other Information:
<u>Name</u>	Date of Birth	What do you Ride? ATV SxS Other: AMA Member? Yes No
		AMA #Exp: Is your ATV Registered?
		Do you have Liability Insurance?
		_
I, the undersigned, hereby apply for membership in the Association rules and bylaws, some of which include riding gear and PA Title 75, Ch. 77, the ATV/Snowmo under the Uniform Written Obligations Act of the Costo myself and to my property while participating in Awill also assume full responsibility for any injury or develoce Association Inc. of and from any liability for also agree that I will not bring any legal action or mal or any organizers or volunteers of its events for any in	but are not limited to: bile Law regarding drug mmonwealth of Pennsy TV activities. I will rely amage I cause during the personal injuries or proke any claim what so expirites or damage incur	All-Terrain Vehicle Association Inc. and agree to abide by all the proper registration of ATV's, liability insurance coverage, proper gs and alcohol. I agree that I will be legally bound by this application ylvania. I further acknowledge that I am aware of the risk of injury on my own judgement and common sense while participating. I nat participation. I hereby release Central Mountains All-Terrain perty damage that have occurred as a result of this participation. I yer against Central Mountains All-Terrain Vehicle Association Inc.
		uardian(s) of minor children, consent to their children participating injury and/or property damage to and by their children.
Signature of applicant:		Date:
Please provide a non-riding contact. T Name:		vill only be used in the event of an emergency:



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Membership Criteria

<u>Single (Individual) Membership:</u> A Single (Individual) Membership allow <u>only</u> the <u>registered person</u> to ride in, attend, and/or participate in Association sponsored rides or functions as well as to attend all Association meetings.

<u>Family Membership</u>: A Family Membership allows the spouse or significant other and children under 18 years old, or if a full-time student, up to age 23; to ride in, attend and/or participate in all Association sponsored rides or functions as well as to attend all Association meetings. Each family member must be 18 years old to have voting rights at Association meetings and/or Association functions.

*Guests: Guests of either type of membership may participate in one (1) Association Sponsored Ride and/or attend one (1) Association Meeting. With these exceptions a membership will be required to participate in Association activities and functions.

Activities conducted by the CMATVA are made possible through the efforts of members who invest their time and energy. A number of committees do exist within our organization and if you would be interested in participating on a committee, please contact cmatva.president@gmail.com.

**CENTRAL MOUNTAINS ALL-TERRAIN VEHICLE ASSOCIATION, INC. (CMATVA, Inc.) is a 501(c)(3) organization – contributions to which are tax deductible to the fullest extent permitted by law. The official registration and financial information of CMATVA, Inc. (EIN #26-1610598) may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.