

Hall of Fame 4x4 Trail Riders, Inc.

Membership Form

***Club Application:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Person to notify in case of an emergency:  
\_\_\_\_\_

Make and Year of your vehicle:  
\_\_\_\_\_

Do you belong to another 4 wheel drive club? \_\_\_\_ Yes \_\_\_\_ No

What do you hope to gain from becoming a member of this club?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been given a set of the Club By-Laws and have read them. I agree to abide by these laws and in good faith support the Hall of Fame 4x4 Trail Riders, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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