MT WALDO WHEELERS

Membership Application

NAME:_____ **DATE:**_____

ADDRESS:_____ **PHONE:**_____

_____

EMAIL:_____ **OCCUPATION:**_____

TYPE OF MEMBERSHIP: SINGLE_____($15) FAMILY_____($20)

1. SINGLE MEMBERSHIP ANY PERSON OVER THE AGE OF 18
2. FAMILY MEMBERSHIP: MEMBERS OF IMMEDIATE HOUSEHOLD UNDER THE AGE OF 18
3. DEPENDENTS IN HOUSEHOLD OVER 18 MUST APPLY FOR SINGLE MEMBERSHIP.

LIST OF FAMILY MEMBERS BELOW:

_____

_____

_____

LIST TYPE OF MACHINE(S)

Year	Make	Model	Color	Registration

SIGNATURE:_____ SIGNATURE OF PARENT_____
OR GUARDIAN:(IF ABOVE IS UNDER 18)

METHOD OF PAYMENT
CASH CHECK
MAKE CHECK PAYABLE TO: **MT WALDO WHEELERS**
MAIL TO: MT WALDO WHEELERS, P.O. BOX 201, FRANKFORT, ME 04438

**By signing this application I accept sole responsibility for any injury and/or damages which may result from my involvement in MT WALDO WHEELERS Club activities. I further agree to hold harmless MT WALDO WHEELERS Club from all liabilities.

04-05