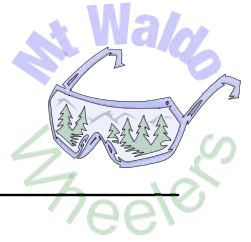


MT WALDO WHEELERS

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.**