



# Wisconsin ATV MX Club Membership Application

Please return your completed application to:

Peter Feldner  
419 Center St  
Fond du Lac, WI 54935

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please complete a separate form for each member if applying for a family membership

## Membership Type Desired (please check one)

Note: Annual in the Wisconsin ATV MX Club Association runs from January 1 through December 30 of each year.

Must be a club member to earn points for year end awards .

Please Make Your Check Payable To: **Wisconsin ATV MX Club**

Individual Racer Membership - [\$30] \_\_\_\_\_

Family Racer Membership \_\_\_\_\_  
[\$30] + [\$20] for each additional Racer

Non Racing Membership - [\$10] \_\_\_\_\_

Total Due \_\_\_\_\_

\$15 of membership fee refunded for working race members who assist with at least 3 events.

Please refer to Race Regulations as to who qualifies as a working race member.

I (and my parent or guardian in case of person(s) under 18 years of age) hereby release the Wisconsin ATV MX Club Association and any other party or parties involved in any Wisconsin ATV MX Club Association activity of any liability whatsoever for any loss or damage to property or personal injuries sustained or occurring on any Wisconsin ATV MX Club Association event.

Applicants Signature: \_\_\_\_\_

Signature of Parent/Guardian (if required): \_\_\_\_\_ Relationship: \_\_\_\_\_

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### For WATVMX Club Use Only

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \_\_\_\_\_ Amount: \_\_\_\_\_