



Membership Application

P.O. Box 295

Lafargeville, NY 13656

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

E-Mail Address: _____

Type of ATV Owned: _____

Type of Membership (Check One)

Family- \$25/Year ()

Single- \$15/Year ()

Membership Includes:

Club Website

Internet Newsletter

T-Shirt

Logo Sticker

Raffles

Club Runs

Camping Trips

Trail Maintenance

Benefit Dinners

*Meetings are the 3rd Monday of each month at the Lafargeville, NY American Legion
(Downstairs)*

Waver:

*I, the undersigned, waive all rights from accident or injury while participating in
any event sponsored by the Rivergate Wheelers ATV Club, Inc.*

*I fully understand the sport of ATV and Dirt Bike riding is dangerous, and involves
the risk of injury or death.*

Signature: _____ *Date:* _____