



GARTRA

Georgia Recreational Trail Riders Association

Membership Application/Renewal

Current Member ID (if renewing): _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Occupation: _____

Date of Birth : ____/____/_____

I do not want my name listed in the membership directory

AMA#: _____

Motorcycle: ATV:

Other: _____

Additional Family Members:

Name: _____

Date of Birth: ____/____/_____

Name: _____

Date of Birth: ____/____/_____

Name: _____

Date of Birth: ____/____/_____

Name: _____

Date of Birth: ____/____/_____

Membership Type: Individual (\$10)
(circle one)

Family (\$15)

Sponsor: Silver (\$100)
(circle one if applicable)

Gold (\$250)

Platinum (\$500)

Diamond (\$1000)

Total Fee Enclosed: _____ (make checks payable to: GARTRA)

Declaration: *I hereby agree to conform to and comply with the rules governing Club events and I further agree to hold blameless Georgia Recreational Trail Riders Association, Club, Committee, and any owners of premises for any loss or injury to myself or my property which may result from participation in Club events.*

Signature

Date

Signature of parent or guardian if rider is under 18 years of age.

Date

Send correct fee and completed form to:

GARTRA
PMB 12
2900 Delk Road, Suite 700
Marietta, GA 30067-5320