



Central Pennsylvania All-Terrain Vehicle Association Inc.

P.O. Box 275
Houtzdale, PA 16651

Application for Membership (make checks payable to the above)

www.cpatva.org

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ E-MAIL ADDRESS: _____

*Membership Dues: New or Renewal *(See attached Criteria for Membership)

Single: \$10/1year or Family: \$15/1year

VERY IMPORTANT: If under 18, Parents or Guardian must also sign this Application! _____

-Signature(s)-

- What do you Ride? ATV Dirt Bike Do you.....Hunt ____? Fish ____?
- Registered Voter? Yes No AMA Member: Yes No
- Is your ATV Registered? Yes No Do you have Liability Insurance? Yes No
- Do you wear a Helmet? Yes No
- Ride Preference? Trail Group Rides Poker Runs Alone Anything

If a Family Membership is selected, please list Name and Date of Birth of all those who will be included:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

↔Read Carefully Before Signing ↔

I the undersigned, hereby apply for membership in the **Central Pennsylvania All-Terrain Vehicle Association Inc.** and agree to abide by all Club Rules and By-Laws. I accept that I will be legally bound by this application under the Uniform Written Obligations Act of the Commonwealth of Pennsylvania. I further acknowledge that I am aware of the risk of injury to myself and to my property while participating in ATV activities. I will rely on my own judgment and common sense while participating and I will assume full responsibility for any injury or damage that may arise from such participation. I hereby release **Central Pennsylvania All-Terrain Vehicle Association Inc. and its chapters** of and from any liability for personal injuries or property damage incurred as a result of this participation. I also agree that I will not bring any legal action or make any claim what so ever against **Central Pennsylvania All-Terrain Vehicle Association Inc. or its chapters** or any organizers or volunteers of club related events for any injuries or damage incurred from or during these events.

When signing this application for a Family Membership, the parent (s) or guardian of minor children, consent to their children's participation in club activities and agree to assume all responsibility for personal injury and/or property damage to and by their children.

Signature of Applicant: _____ Date: _____

-Signature Required-

Activities conducted by the **Central Pennsylvania All-Terrain Vehicle Association Inc.** are made possible through the efforts of members who invest time and energy into this club. A variety of committees exist within the club to forward our goals. Please indicate below if you are interested in participating in one of our committees.

Yes No

(Approved August 8, 2006)

Ride safe.....Always Wear protective gear.....Be responsible

Criteria for Membership into CPATVA Inc.

Single (individual) Membership: A Single (individual) Membership allows only the registered person to ride in, attend and/or participate in club or chapter sponsored rides or functions as well as to attend all club meetings.

Family Membership: A Family Membership allows the spouse or significant other and children under 18 years old or if a full time student, up to age 23, to ride in, attend and/or participate in all club or chapter sponsored rides or functions as well as to attend all club meetings. Each family member must be 18 years old to have voting rights at club meetings and/or club functions.

Guests of either type of membership may participate in one (1) Chapter Sponsored Ride and/or attend one (1) Chapter Meeting. With these exceptions, a membership will be required to participate in club activities and functions.