



HIGH LEVEL MOTOCROSS ASSOCIATION

2010 MEMBERSHIP APPLICATION
Valid Jan 1, 2010 - Dec 31, 2010

FOR OFFICE USE ONLY

Date Received:
Membership #

FIRST TIME APPLICANT MEMBERSHIP RENEWAL

FIRST NAME: INITIAL: LAST NAME:
ADDRESS:
CITY: PROVINCE: POSTAL CODE:
DATE OF BIRTH: AGE:
EMAIL ADDRESS: HOME PHONE:
WORK PHONE: CELL PHONE:
SIGNATURE:
RIDERS UNDER 18 MUST HAVE PARENT OR GUARDIAN COMPLETE AND SIGN
PARENT OR GUARDIAN NAME:
PARENT OR GUARDIAN SIGNATURE:

MOTORCYCLE - Make: Model: Year:
ATV - Make: Model: Year:

MEMBERSHIP FEE:
ADULT (18 & OVER) \$30.00/YR
YOUTH (UNDER 18) \$15.00/YR

MAIL APPLICATION AND MAKE CHEQUE PAYABLE TO:
HIGH LEVEL MOTOCROSS ASSOCIATION BOX 3611 HIGH LEVEL, AB TOH 1Z0

MEMBERSHIP APPROVED BY: