



\*\*\*\*\*MEMBERSHIP APPLICATION\*\*\*\*\*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Mo) (Day) (Year)

Family Members Adult (19 +): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Day) (Year)

: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Day) (Year)

Family Members Children : \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Day) (Year)

: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Day) (Year)

: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Day) (Year)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation/ Business: \_\_\_\_\_ Any specialized skills or experience you could offer to the club: \_\_\_\_\_

Are you available to volunteer (specify activity & time) \_\_\_\_\_

Motorcycle make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**MEDICAL INFORMATION**

(Use back of form if necessary)

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Care card number: \_\_\_\_\_ Other: \_\_\_\_\_

Membership fees per calendar year: Single: \$50.00 Family: \$75.00 Paid: \_\_\_\_\_

Each membership includes one BCORMA "Trail Pass" membership. If a Family Membership chooses to have two Trail Pass memberships, the total cost for Family Membership is \$90.00

I, the undersigned, by applying for membership to the Fraser Valley Dirt Riders Association, agree to abide by the constitution and by-laws of said association and recognize the club objective: to improve and enhance the image and sport of off-road motorcycling.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (if under age 19): \_\_\_\_\_