

Manitowoc Area Off Highway Vehicle Club, Inc.

Club Membership Application/Renewal Form

CLUB CONTACTS

Josh Neuhaus, President
 Phone: 920-894-4715
grinnerktm@yahoo.com

Justin Moulam, Vice-President
 Phone: 920-838-2281
jmourlam54@gmail.com

Mark DeAmico, Secretary/Treasurer
 Phone: 920-565-4534
rdeamico@tds.net

MEMBER CONTACT INFORMATION

Primary Member Name: _____ Year: **Apr 2013 - Mar 14**

Mailing Address: _____

City/State: _____ ZIP: _____

Phone Number: _____

E-Mail Address: _____

AMA Membership Number (If you are an AMA member): _____

How do you want to receive the club newsletter?: E-mail (Saves Money/Time) Regular Mail

FAMILY MEMBER NAMES (Including birthdate if they are a minor)

NOTE: Anyone over the age of 18 must have their own membership unless they are a full time student (see club rules).

OFF-HIGHWAY VEHICLE INFORMATION

YEAR	MAKE	MODEL	VIN#	SOUND TEST (db)	TESTED BY	DATE

If more space is needed, please use back of form

MEMBERSHIP INFORMATION

NOTE: A full year membership is April thru March

This form must be completed and returned with payment by **April 30th**

Return Form and payment to: Mark DeAmico, MAOHVC Treasurer - W3860 Highway 32 - Elkhart Lake, WI 53020

Membership Options (Check One): - Make Checks Payable to MAOHVC

Family Membership - \$300.00 Single Membership - \$150.00 5 Year Family Membership - \$1,000.00 In-Active Member - \$50.00

Upon joining this club and using its facilities, I realize that I may suffer injuries to myself and/or equipment. I will in no way hold the club or its members responsible in any way. It is my responsibility to correct any dangers and to hold insurance for any losses. If I am a parent or guardian, I am taking full responsibility for my family. It is a privilege to be in this club. Some/All of your privileges can be revoked by the club if deemed necessary.

Signature: **X** _____
(Signature of both parents is required if family membership includes minors)

Date: _____

Signature: **X** _____

Date: _____