

Membership Application

Radisson/Exeland Trailblazers ATV Club

P. O. Box 231
Radisson, WI 54867

New Member Renewal

(Please print clearly)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Annual Dues (June 1 – May 31): Single \$15.00 Family \$25.00 Business \$30.00

Make checks payable to: **Radisson/Exeland Trailblazers ATV Club**
Mail check and completed application to: **P. O. Box 231, Radisson, WI 54867**

Please read carefully: In consideration of this application being accepted and desiring to be legally bound to myself, my heirs, assigns, executors and administrators, I hereby waive and release any of the sponsoring groups, officials, owners, attendants or any and all people connected with the Radisson/Exeland Trailblazers ATV Club and its facilities of any liabilities for any and all injuries suffered by me at any event or activity, or on the way to or from any event or activity to which this organization is related. I further hereby certify that I am physically fit and able to participate in any and all events or activities that I enter into, in which the Radisson/Exeland ATV Club are involved.

Signature: _____ **Date:** _____

Detach and keep this portion for your records.

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Membership is June 1st – May 31st

Amount Paid \$ _____ Date signed and mailed _____