

Beaver Bank ATV Club Association Application

New Membership: _____ Renew Membership: _____

Applicant Name: _____ DOB: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone: Home _____ Cell _____ Other _____

Alternate contact name: _____ Relationship: _____

Address: _____ Phone: _____

Bike Make: _____ Model: _____ Year: _____

License Plate: _____ Insurance Policy #: _____

Required for membership

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ATVANS sticker #: _____ Barrett sticker #: _____ NS Trail #: _____

Fee: _____ per bike

Are you available to work on a committee(s)? _____ yes _____ no

If yes, which committee(s) interest you? Trail work: _____ Fundraising: _____

Officers: _____ Board of Directors: _____ Activity/event planning: _____

Landowner Relation: _____ Other: _____

By my signature, I agree to:

- a. Abide by the bylaws of the Association as set forth by the club at all times.
- b. Obey rules and regulations regarding ATV usage and riding.
- c. Agree to leave the trail as you found it. No littering!
- d. Understand and agree to riding patterns and speed limits.
- e. I understand that the Beaver Bank ATV Club Association will not be held responsible for any accidents that may occur. When riding, I ride at my own risk. Neither the landowner nor the club is responsible for any accidents.

The rules are short and simple, but failure to abide by the above requirements could jeopardize your membership and the well being of this club.

Signature of applicant: _____ Date: _____



MEMBERSHIP APPLICATION - www.atvans.org
PRESERVE YOUR RIDING PRIVILEGES - JOIN A CLUB

Please complete fully- this information is important

New () Renewal () Club Name: _____

ATV- year/make/model/color _____

Plate # _____

MEMBER'S NAME _____

MAILING ADDRESS _____

POSTAL CODE _____

EMAIL ADDRESS, please print _____

PHONE NUMBER _____

Membership fee is \$ _____ for the year ending December 31, _____

YOUR CLUB IS ONLY AS GOOD AS ITS MEMBERS CAN MAKE IT. PLEASE TELL US ABOUT YOUR OCCUPATION, SKILLS OR INTERESTS SO YOUR CLUB CAN MATCH YOUR SKILLS / INTERESTS WITH NEEDED TASKS.

OCCUPATION _____

SKILLS or INTERESTS _____

PLEASE TELL US WHICH ACTIVITIES, IF ANY, THAT YOU WOULD BE WILLING TO ASSIST WITH:

- (1) RALLYS, FUN RUNS _____ (2) TRAIL WORK _____
(3) PHONE TREE _____ (4) ATV SAFETY _____
(5) COMMITTEE MEMBER _____ (6) DIRECTOR/EXECUTIVE _____
(7) MAPPING _____ (8) TRAILS / WARDEN / CITIZENS ON PATROL _____

Sponsors name and Signature _____

New Members' Signature _____

SEND APPLICATION AND \$ _____ or amount of dues charged by the club of your choice.

TO: "**Club name, address and phone number**"

Or mail to: **ATVANS, PO Box 46020 Novalea RPO, Halifax, Nova Scotia, B3K 5V8**

A receipt and an ATVANS membership decal will be returned to you within 2 weeks, by your club of choice, or if you didn't select one, your application will be sent to the closest club to your municipal address and they will respond on receipt of the application.

**Club information can be found on Website: www.atvans.org or phone 1-877-288-4244
(office administrator - Heather Jupp)**

Office Memorandum: