

New Membership



DISCOVER INDIANA RIDING TRAILS

Renewal Membership

A grass roots organization dedicated to creating opportunities for responsible motorized trail and secondary road users in Indiana

D.I.R.T really appreciates your support in the past. We are doing some very important work. For the first time in 20 years, Hoosier OHV enthusiasts have had an organization working for them to secure OHV opportunities through out the state. With your continued support, we can accomplish so much more!

The "Power that Be" only listen to groups that represent the largest total number of people. We need your support.

Type of Membership

1 Year

Individual Membership

\$15.00

Individual Membership Card and Decal.

Family Membership:

\$25.00

Name of Principle Member required below. Must be in same household as principle member.

Non-Profit Organization:

\$50.00 or more

Name of Principle Member required below.

For-Profit Corporation:

\$100.00 or more

Name of Principle Member required below.

Corporation Memberships of more then \$100.00 receive a **FREE** one year banner add on www.DiscoverIndianaRidingTrails.com

Vehicles Owned: **ATV** **Motorcycle** **Snowmobile** **SUV** **Check all that apply**

Name (Individual, Corp., Organization) _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Principle Members Name: _____

Family Members Names: _____

Year of Birth: _____ Occupation: _____

Home Phone _____ Cell Phone _____

Email: _____

Check here if you prefer your phone numbers NOT to be published. _____

Other organizations you belong to: _____

Services you wish to provide: _____

Optional: AMA Member Number: _____

PLEASE READ

I understand that DISCOVER INDIANA RIDING TRAILS can not assume responsibility for any aspect of my safety and that if I participate in any D.I.R.T events, I do so voluntarily on my own assessment of my ability, the routes, and all facilities and conditions, assuming all risk; and I release and hold DISCOVER INDIANA RIDING TRAILS, it's officers and members harmless for any injury or loss to my person or property which may result there from. I also certify that I am in compliance with my states financial responsibility laws regarding the carrying of proper insurance.

SIGNATURE(S) _____ DATE _____

Please send your completed application with a check or money order payable to Discover Indiana Riding Trails:

Lynda Cambell

D.I.R.T.

5368 N. Illinois St

Indianapolis, IN 46208

Membership questions may be directed to:

Roy Garrett 317-371-5530

rfgarrett@DiscoverIndianaRidingTrails.com