

Office Use
Date: _____
# _____
\$ _____



Office Use
# _____
Date Expired: _____

## Sponsor Application

<i>Select a Chapter:</i> <input type="checkbox"/> Erie/Crawford, PA <input type="checkbox"/> Mercer, PA <input type="checkbox"/> McKean/Potter, PA <input type="checkbox"/> Venango, PA
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<i>Select one:</i> <input type="checkbox"/> New Sponsor    or <input type="checkbox"/> Renewal:    Membership # _____
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<b>Annual Membership Dues:    \$100</b>
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**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

### Sponsor Membership benefits;

- A link on our website to your business website.(Please attach a business card or logo)
- One Family Membership included with this application.
- Your business name is printed on any club Newsletter as a sponsor.
- Forwarding of special deals to our membership.
- Will you offer discounts to club membership?    Yes    No
- If yes for discounts, Please specify Items offered at Discount.  
(Example) (15% off on parts and accessories)

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS / OPINIONS / SUGGESTIONS:**

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As a sponsor of ATV Traction, would you be willing to donate an item or two periodically to benefit our raffles and door prizes?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ NOT AT THIS TIME

**Read Carefully Before Signing  
VERY IMPORTANT**

The undersigned applies for membership in the ATV Traction club and does hereby agree to abide by all club rules and by-laws with the intent to be legally bound by this application under the uniform written obligations act of the Commonwealth of Pennsylvania. The undersigned also acknowledges the risk of injury to their person and property while participating in ATV events. The undersigned will rely on his/her own judgement and ability while participating in club events and assume all risks of injury or damage arising out of such participation. The undersigned hereby releases ATV Traction Inc., its Landowners, membership and officers of and from any liability for personal injuries or property damage incurred as a result of such participation. The undersigned will not bring any legal action against, or make any claim whatsoever against ATV Traction Inc. or to any Landowner, organizers, sponsors, or volunteers of the club events, as a result of such participation. Upon signing this application, parents of minor children consent to their children's participation in club activities and agree to assume all responsibility and liability for personal injury or property damage of or to their children or personal property.

**Authorized Signatures:**

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

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

***A Family Membership\*\* is included with your Sponsor Application.***

***Certificate in Pennsylvania***

***All riders between the ages 8 and 15 according to state law, must have a state approved training course***

**\*\* (Family membership: Riders living within the same household. Limited to 2 adults (18 or older) , and their children. Exception: Additional adults ages 18-25 may be included on the membership if they are children of the heads of household and are Attending school or college. Children age 17 will not lose membership privileges if they turn 18 while the membership is current until the next annual renewal of the membership. They will then be required to obtain their own individual membership unless they qualify to remain as underlined above.**

**If a Family Membership, please list below the Names & Dates of Birth of all who will be members.**

*If under 18, both parents or a guardian must sign this application in order for minor children to be considered members. (Family Membership required for person(s) under 18)*

NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____

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**All adults applying for membership must sign below.**

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

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

**Please Note:**

**Please include a photocopy of your Insurance Card with expiration date and Registration for all ATV's to be used on club trails along with your correct remittance to:**

**Please print and mail this application plus payment to:**

***ATV Traction Inc.  
P.O. Box 237  
Girard, PA 16417***