

MEMBERSHIP FORM

DATE _____

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

- **ANNUAL MEMBERSHIP \$20.00 (INCLUDES FAMILY AT HOME UNDER 18)**
- **BUSINESS MEMBERSHIP \$50.00**
- **MEMBERSHIPS RUN FROM MAY 1ST THROUGH APRIL 30TH**
- **RENEWAL NOTICES WILL BE SENT EACH YEAR**

Make checks payable to:

JCATV

PO Box 871

Black River Falls. WI 54615



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