

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 ASSOC
PO BOX 871
Black River Falls, WI 54615



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Or log onto WWW.JCATV.org for updated information.