

Member Form
Ghost Riders, Inc.

PO Box 878
Bouse, Arizona 85325

PLEASE PRINT CLEARLY

Name _____ Gender _____

Address _____ *Riding Level _____

List Household Family Members _____

Riding Level: A= Advanced I = Intermediate B = beginner

Phone _____ Cell _____ Own GPS _____

*E-Mail _____ RV Park _____ Space _____

*Your E-Mail address is used to notify of News, meetings and ETC.

Membership dues \$10.00 per year

I Have Dirt Bike-ATV-UTV-Jeep (Circle type) Other _____

I the undersigned do hereby abide by the rules and regulations of the Ghost Riders Inc. I also acknowledge the risk of accident or injury to my person or property, and to others while riding. On behalf of my family, and myself I will not file lawsuit against the Ghost Riders Inc., its board of directors, members or any landowner on or near designated trails, at club functions, or where any club facilities are located.

I (signature) _____ (Date) _____ have read, understand, and will abide by rules and regulations for the Ghost Riders Inc.

Would you serve as a volunteer on a committee?

___ Yes Maybe ___ No ___

Cash, Check, or Money Order to _____