

## **2017 ATTA MEMBERSHIP APPLICATION**

Member Name			
Address	e-mail StateZip BirthdayAGE (as of Jan.1, 2017)		
City	State_		_Zip
Phone ()	Birthday	AGE (as	s of Jan.1, 2017)
Ck one: 18YRS&under			
			Advanced
As a member I ackno	wledge ATTA may b	e taking photos or vi	ideos at approved rides.
Today's date	Signature 		
**********	5151100 *******	·*********	 k*******************************
*below only for <b>ORG</b>			
ATTA Ride Membership entitles			
ATTA and results from your ride	s to be used to quali	ify riders for ATTA	A year end finals and awards.
Please attach a short publicity blu			
day rides with a separate ride each			
sanction.) Member clubs and ride or			_
results from each ride, and acknowle	-		os at approved rides.
Organization or Ride Name_			
	Reps Signature		
Ride dates & location	ons		
	Please mail	completed app	and check to:
E mail: andiodee@aol.con	•	$\mathbf{A} \mathbf{T} \mathbf{T} \mathbf{A}$	

**BOX 1047** 

**GARDNERVILLE, NV 89410** 

**Questions: 775-782-8754** 

Web site: www.attatrailtrials.com