



ARKANSAS TRAIL RIDERS ASSOCIATION, INC.

Membership Application

New Member _____ Renewal _____ Amount \$ _____

Name(s) _____

List all family members joining on this membership form:

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

FAX _____

Signature _____

(Please check one)

_____ Family (2 votes).....\$15.00

_____ Senior (1 vote).....\$15.00

_____ Associate (non-voting).....\$20.00

Mail application with check payable to:

ATRA
or
Arkansas Trail Riders Assoc. Inc.

Mail Application & checks to ATRA Treasurer:
Denise Morton, 803 Kamak Drive, Beebe, AR 72012