

Northwest ORV Association Application

Associate Member Type & Dues (non-refundable)

Date of Application: _____

New

Renewal

Individual: \$15.00 Per Year

Family: \$25.00 Per Year

Life: \$200 One Time

Applicant Information

Name: _____

Current Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Type of ORV Owned?
(Check all that apply.)

ATV

UTV

Jeep/Truck

Motorcycle

(Include your email address and we will
notify you of our rides and events by email.)

Your information may be included in a Member Directory, check this box if you do not wish to be included in this directory.

Emergency Contact

Name: _____

Phone: _____

Family Associate Includes Spouse & Children Under 18

Spouse Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Waiver of Liability

I/We recognize that riding an ORV is a hazardous activity which can result in serious personal injury or death. I/We accept the risks inherent to riding with a group including, but not limited to: obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surfaces and sub-surfaces, conditions on and off the trails and roads, collisions with other ORVs including other riders and collisions with devices used to mark the boundary of trails or roads. In consideration of my/our participation in the events and rides of the Northwest ORV Association, I/We hereby release and agree to hold harmless and indemnify the Northwest ORV Association, their officers, directors, agents, ride leaders and ride teams for all claims, injuries or liabilities caused by or created by my/our participation. Riders must carry their own medical and accident insurance. I/We have carefully read this agreement and the release of liability and fully understand its contents. I/We are aware this release of liability is a contract between the Northwest ORV Association and myself/us and I/We sign it of my/our own free will. My/Our signature(s) signify I/We have read and agree with this release.

Signatures

I understand that by signing this form, my affiliation with NWORVA may be discontinued at any time if the Association or its officers have reason to believe that I or a member of my family operates an ORV irresponsibly so that it endangers the landowner/association relationship or if it is believed that the operator could cause harm to another individual. My associate member dues are non-refundable and it will be used to support the association as a whole. I have read the Waiver of Liability and agree to its terms and conditions.

Associate Memberships are active from

April 1st to March 31st

(Same as the MI DNR ORV Stickers)

No Prorated Dues

Signature of applicant: _____

Date: _____

Signature of spouse:
(only for a family associate)

Date: _____

Please send Application and Dues payable to:
Northwest ORV Association, Inc., P.O. Box 5543, Traverse City, MI 49696
www.northwestorvassociation.org

Payment Information

Check Enclosed (payable to Northwest ORV Association, Inc.)

Date _____

Cash (do not mail cash)

Card Type

Expiration _____ / _____

Credit Card

Visa

MC

Discover

AE

Month

Year

Name on Card _____

Billing Zip Code _____

Card Number _____

CVV # _____

Signature _____