

Application for Membership and Renewal  
Visit us on the Web: **LVATV.Org**



**Return completed application and remittance to:**

**Lehigh Valley All-Terrain Vehicle Association  
PO Box 791; Ft Washington, PA 19034**

Type of Membership: \_\_\_New\_\_\_Renewal

Membership No. (If renewal) \_\_\_\_\_

\_\_\_Individual \$30.00\* (18 yr. & older)

\_\_\_Family \$35.00\*

\_\_\_Dealer \$100.00 (**Includes WEB Link on our web page.**)

\* Includes membership to PaOHV (Pennsylvania Off-Highway Vehicle Association, Inc.)

*Read Carefully Before Signing*

The undersigned applies for membership/ renewal in the Lehigh Valley All-Terrain Vehicle Association and does hereby agree to abide by all club rules and By-laws. I also acknowledge the risk of injury to my person and property while participating in ATV events. I will rely on my own judgement and ability while participating in club events and assume all risks of injury or damage arising out of such participation. I will not sue or make any claim whatsoever against the Lehigh Valley All-Terrain Vehicle Association or to any organizers of club events as a result of such participation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ State \_\_\_\_\_

Date of birth \_\_\_\_-\_\_\_\_-\_\_\_\_

Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_

**Email Address** \_\_\_\_\_

List Family Members (Spouse & children under 18 years)  
Name - Date of Birth - Membership No  
(If a renewal)

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Are you interested in ATV safety training either for yourself or for your family? \_\_\_\_\_

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