



SQUAMISH DIRT BIKE ASSOCIATION

PROTECTING YOUR RIGHT TO RIDE

ONE (1) - BCORMA Trail Pass Included in Membership Fee (\$30 per each additional adult) MEMBERSHIP APPLICATION

SDBA Membership # _____ BCORMA Trail Pass # _____

(Renewing your membership please enter your current SDBA member #(s). New membership #(s) will be assigned by the Treasurer-Secretary. Mail your application to E. Ellis, SDBA Treasurer-Secretary @ PO Box 5249 Squamish, BC V8B 0C2.

Decals, membership cards & BCORMA Trail passes will be mailed following receipt of your application and payment. Apply on line at squamishdirtbikeassociation.com. Questions/concerns e-mail squamishdirtbikeassociation@sdba.com)

1 Year Member ship Term: January 1, 2010 – December 31, 2010

(we have changed the SDBA renewal period to reflect the BCORMA trail passes)

Name: _____ Birth Date: ____/____/____
(Last) (First) (Mo) (Day) (Year)

Family Names:

1) _____ Birth Date: ____/____/____ SDBA # _____ BCORMA # _____
2) _____ Birth Date: ____/____/____ SDBA # _____ BCORMA # _____
3) _____ Birth Date: ____/____/____ SDBA # _____ BCORMA # _____

Mailing Address: _____ City: _____ Postal Code: _____

Hm. Phone: _____ Cellular: _____

E-Mail Address (print clearly): _____

Motorcycle make: _____ Model: _____ Year: _____

Emergency Contact Information: _____
(name) (phone number)

Relationship: _____

Membership Type: Single \$40 Family \$50

Paid: Cheque Cash Credit Card On-line

I acknowledge that the SDBA may notify me via e-mail for statutory notification requirements for time sensitive meetings, i.e. AGM, by helping alleviate postal mail out costs to the association.

YES no

I, the undersigned, by applying for membership to the Squamish Dirt Bike Association, agree to abide by the constitution and by-laws of said association and recognize the club objective: to improve and enhance the image and sportsmanship of off-road motorcycling.

Signature: _____ Date: _____

(for family memberships this signature is authorization by the parent or guardian for family members under the age of 18)

+ First Aid Certificate (OFA): YES NO Level 1 2 3

I acknowledge by providing the club with current first aid certification information that the SDBA may ask if I am available to attend events to assist in case of an emergency.

signature