

Membership Application  
Ruffriders 4x4 Club, Inc. P.O. Box 952  
Goshen, Indiana 46526

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Type of Off-Road \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Color \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_

Other Family Members \_\_\_\_\_

\_\_\_\_\_

Driver License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Can You Be Contacted At Work \_\_\_\_\_

In Case Of Emergency Contact (Name) \_\_\_\_\_

Phone \_\_\_\_\_

Reason For Joining \_\_\_\_\_

Other Club Affiliations \_\_\_\_\_

Anyone applying for membership in Ruffriders 4x4 Club, Inc. who is under 18 years of age, shall be on a probationary basis under the by-laws until the applicant has reached 18 years of age. Any applicant for membership must participate in a combination of six (6) membership meetings or events prior to being voted on for membership. Applicants dues are payable upon acceptance into the club. If dues are not received within 30 days of notice of acceptance the application and implied membership shall be terminated.

I hereby state that the above information is accurate , I also understand that the membership fee in the amount of \$35.00 shall be paid at the time of my acceptance into the club.

Signed \_\_\_\_\_ Date \_\_\_\_\_