



Membership Application

www.trailblazersoffroadclub.com

Please Print

Name(s) _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____

Email address (to receive the club newsletter) _____

Membership Type

____ Sponsor (\$35.00)

____ Single (\$10.00)

____ Family (\$15.00)
How many in your family? _____

Number of ATVs owned _____

Make(s) _____

Model(s) _____

New membership _____ Renewal _____

Signature(s) _____ Date _____

Please return with payment to:

Trailblazers Off Road Club
PO Box 383
Independence, IA 50644