



MEMBERSHIP FORM

CAPITAL TRAIL VEHICLE ASSOCIATION P.O. Box 5295 Helena, MT 59604-5295

Contact Phone: 406-431-9608 Email: ctvaohvclub@gmail.com

Website: ctva-ohv.com www.facebook.com/CapitalTrail/

CTVA Mission: "Create a positive future for Montana off-highway vehicle recreation by creating an on-going communication forum through which OHV enthusiasts and organizations can share information and experiences; participate in educational opportunities, build partnerships with Land Managers, Land Owners, supporters and partnership to protect, promote and create a positive image of OHV recreation."

Please join or visit some of the OHV Organizations listed below*****See more on our website

Citizens for Balanced Use - balanceduse.org (free) Montana Trail Riders association - mtvra.com

ATV - atvaonline.com AMA - americanmotorcyclist.com BRC - sharetrails.org ARRA - arra-access.com

Persons age 18 and older needs a membership. Family memberships include all dependents under age 18.

Memberships are for one year, renewal date is March 1st of each year.

CTVA is a 501(c) (3) non-profit Organization All Donations are Tax Deductible

Please Print Legibly

Select Membership Dues

First Name: _____ Last Name: _____ Individual: \$25.00 _____

Spouse's Name: _____ # of dependents: _____ Family: \$35.00 _____

Mailing Address: _____ Business: \$50.00 _____

City: _____ State: _____ Zip Code: _____ Tax Deductible Legal Fund

Email Address: _____ Donation: \$ _____

Primary Phone Number: _____ Check this box if you do not want to receive emails

Specify Other Donations: _____ \$ _____

The future of motorized access on public lands is in your hands, help leave a legacy for future OHV riders

What are "YOU" doing to support off road recreation and protect the areas "YOU" ride?

Remember that numbers do count. "You are needed!"

Make checks payable to: CTVA

Mail to: CTVA P.O. Box 5295 Helena, MT 59604-5295

THANK YOU FOR YOUR SUPPORT

PLEASE HELP OUR CLUB REMAIN RESILIENT BY RECRUITING AT LEAST ONE NEW MEMBER EVERY YEAR

Date Paid: _____ Check #: _____ Amount \$ _____