# UTAH RIDERS ASSOCIATION OF TRIUMPH MEMBERSHIP FORM

## PERSONAL INFORMATION

**FULL NAME:**

**GENDER:**
- ◯ Female
- ◯ Male

**DATE OF BIRTH:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**EMERGENCY CONTACT NAME AND NUMBER:**

**ADDRESS:**

## MEMBERSHIP DETAILS

**CHOOSE MEMBERSHIP PLAN:**

- ☐ 12 Months $25
- ☐ 24 Months $50

## WHAT DO YOU RIDE?

**DATE:**

**PAYMENT METHOD:**

- ☐ Check
- ☐ Paypal

Mail checks or money orders to:
C/O Bill Zinke, Treasurer
2421 E. Barcelona Dr. Sandy UT 84093

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Member Signature