



# FIFIELD DIRT DEVILS UTV / ATV CLUB

## MEMBERSHIP APPLICATION



Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>ANNUAL MEMBERSHIPS</b>
<b><u>DUE JULY 1ST</u></b>
<b>SINGLE \$10.00</b>
<b>FAMILY: \$15.00</b>
<b>BUSINESS: \$20.00</b>

Please return to:  
Fifield Dirt Devils ATV Club  
PO Box 231  
Fifield, WI 54524

