

Enchanted Voyagers

Membership Application

DATE: _____

Member Fees \$10 Family

() New Member () Renewal

Primary Driver Information

Riding partner/Co-Pilot

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Address: _____ Address: _____

City: _____ City: _____

State/Zip: _____ State/Zip: _____

Home Phone: _____ Home Phone: _____

Gender: _____ Gender: _____

Birthday: _____

e-mail: _____ e-mail: _____

Cycle Year: _____ Cycle Year: _____

Make: _____ Make: _____

Model: _____ Model: _____

May we print your birthday and anniversary? (No years will be given) () Yes () No

Anniversary: _____

For the roster on our internet site, may we publish your? () Name () Address () Phone () E-mail

Please indicate any assistance you are willing to give fellow EVA members in time of need.

() Pick Up Truck () Bike Trailer () Local Info () Tent Area () Lodging () Tools

Other _____

Send Application and check to Dorothy Schneider

With check made out to 13588 E. Garigans Gulch

Vail, AZ 85641

I/We the undersigned agree to not hold AVA-EVA, it's officers, agents, members or anyone connected with the AVA-EVA functions responsible for any accidents, injury, or personal loss before, during, or after attending any event, get together, activity or rally.

Signature, primary _____

Signature, co-rider _____