



ARKANSAS TRAIL RIDERS ASSOCIATION, INC.
Membership Application

New Member _____ Renewal _____ Amount \$ _____

Name(s) _____

List all additional family members joining on this membership form:

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Cell _____

Signature _____

(Please check one)

- _____ Family (2 votes).....\$15.00
- _____ Senior (1 vote).....\$15.00
- _____ Associate (non-voting).....\$20.00

Mail application with check payable to: ATRA
ATRA Treasurer:
Rick Morris, 8520 Grant 58 Redfield, Ar 72132
email: rickmorris274@gmail.com