



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:

Barbara Penney, 29415 Penney Lane, Roland, Ar 72135

email: barbarap711@gmail.com