



**ARKANSAS TRAIL RIDERS ASSOCIATION, INC.**

Membership Application

New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name(s) \_\_\_\_\_

List all family members joining on this membership form:

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

FAX \_\_\_\_\_

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**  
or  
**Arkansas Trail Riders Assoc. Inc.**

Mail Application & checks to ATRA Treasurer:  
Robert Jenner, P.O. Box 111, Enola, AR 72047-0111