Please print this membership form, include a check for \$25 or \$250 (Lifetime Membership) payable to CMTRA and mail it to:

Colorado Motorcycle Trail Riders Association

P.O. Box 38006, Colorado Springs, CO 80937

CMTRA Membership Form

Annual __ - \$25/year Lifetime __ - \$250/Lifetime

Make checks payable to **CMTRA**

First Name	Last Name	
Address		
Address		
Phone	_ E-mail address	
Current AMA#		
❖ No information is released to the	nird parties.	
and can result in harm or death to my at all Colorado Motorcycle Trail Riders and officers past, present or future fro hereafter have on account of any and arising out of or related in any way to the negligence of the CMTRA or any CMTRA or its members or officers and all claims, demands, actions or cannot be controlled.	f-road vehicle use and trail neself or others. I will ride and self or others. I will ride and self or others. I will ride and self and and all liability for and all injuries to the participant my participation in CMTRA and self its members or officers or degree to hold them harmle auses of actions against ther in CMTRA activities, whether	d all causes of action which I may is person or property, including death, activities whether the injury results from from any other cause. I will not sue so from any liability and do waive any m or each of them arising out of or my claim, demand or cause of action
Signature of member		Date