## Southern Sierra Fat Tire Association

## Membership & Renewal Application

Name:				_	S 50 P	11
Address:				(	Southern Sierra Fat Tire Asso	_/_ ciat
City:		State:	_ Zip:	Pho	one:	
E-Mail:		Birth date:				
Membership type:		New Member		Renewal		7
Junior \$10		Single \$20		Household \$30		
Additional Household Member Names				Birthdates		
Riding Ability: Rides You				Are you Willing to:		
Beginner	Easy, Fun Rides		Help Organize club events?			
Intermediate	3,		Hold a position on the Club Board?  May we publish your phone number			
		e in between	, ,			
Expert/Pro Races			Would you like updates via text message? Cell Network(eg AT&T):			
If a club member on t	hie annlicatio	n is under 18 vears		, ,		
	• •	•	•	•	f my children, and my chil	drer
should ride within the		,			,,,,	
Parent/Guardian Signature			Date			
All members must re	ead and sign	this release:				
I realize the sport of injury, loss of life, lir			erous. I w	vill not hold the	SSFTA responsible for a	any
Member Signature			Date			
To join, please com	plete this form	n and email to <u>me</u>	mbership	<u>@ssfta.com</u> or	mail to:	
SSFTA, PO BOX 10	067, Bakersfi	eld, CA, 93302				
For more informati	ion, contact	membership cod	ordinator	, James Pass	<b>–</b> 925 321 5654	
SSFTA use only						7
Paid \$	Cash	Check	N	/lember#	Card Issued	