

TIMBER TAMERS MEMBERSHIP APPLICATION

Name		Vehicle Make\Model\Year	
Address		Do you have state required insurance for your vehicle	
City/State/Zip		Driver's License #	
Home\Mobile (both please)		Email	
Significant Other Name		SO Email	
SO Home\Mobile (both please)		Children	
Skills (First Aid, CPR, Automotive, Computers)			
		Other 4WD Organization Memberships	
Emergency Contact (Name\Number\Relationship)			
Previous 4WD Experience			
Why do you want to join the Tamers			
I have read and agree to abide by the Timber Tamers Bylaws (signature)			
Run 1		Meeting 1	
Run 2		Meeting 2	
Run 3		Meeting 3	
Volunteer 1			
Date Membership Voted	Membership Number Assigned	Date PNW Dues Paid	Date Tamers Dues Paid