Wolverine Four-Wheelers

of Southeast Michigan

A self supporting, independent non-profit organization.

Application for Membership

DATE:_____ MEMBER ID._____

PLEASE PRINT:

NAME:_____ DATE OF BIRTH:_____

SPOUSE NAME:_____ DATE OF BIRTH:_____

CHILDREN'S NAMES AND DATES OF BIRTH:_____

_____

ADDRESS:_____ CITY:_____

STATE:_____ ZIP:_____

HOME PHONE:_____ CELL PHONE:_____

OCCUPATION:_____

VEHICLE TYPE:_____
(Year, Make, Model, Engine Size 4,6,8)

SPECIAL EQUIPMENT ON VEHICLE:_____
(winch, plow, air compressor, etc)

SPONSORED BY:_____ _____
(Wolverine member 1) (Wolverine member 2)

SIGNED:_____ _____
(Member) (Spouse)

I hereby affirm:

- I am 18 years of age or older
- I have attended two (2) Wolverine Four-Wheelers events (trail rides or meetings)
- My vehicle(s) have functional four wheel drive
- My vehicle(s) will have all required safety equipment listed in trailride rules
- My vehicle(s) have public liability and paid insurance as required by the State of Michigan.
- **I RELEASE THE WOLVERINE FOUR-WHEELERS, IT'S MEMBERS AND GUESTS, AND OTHER ASSOCIATED ORGANIZATIONS FROM LIABILITY OR RESPONSIBILITY TO ME OR MEMBERS OF MY FAMILY FOR ANY INCIDENT THAT MAY OCCUR DURING SPONSORED OR UNSPONSORED EVENTS.**