Wolverine Four-Wheelers

of Southeast Michigan
A self supporting, independent non-profit organization

APPLICATION FOR MEMBERSHIP

NAME:_____ **DATE OF BIRTH**_____

SPOUSE NAME:_____ **DATE OF BIRTH**_____

CHILDREN'S NAMES AND DATES OF BIRTH:

_____

ADDRESS:_____ **CITY:**_____

STATE:_____ **ZIP:**_____ **EMAIL:**_____

HOME PHONE:_____ **CELL PHONE:**_____

OCCUPATION:_____

VEHICLE INFORMATION

YEAR_____ **MAKE** _____ **MODEL** _____ **ENGINE** _____

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

CLUB MEMBER SPONSORS:

1._____ **2.**_____

I hereby affirm:

- **I am 18 years of age or older**
- **I have attended three (3) 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 and I will abide by all requirements of Club bylaws**
- **My vehicle(s) have public liability and paid insurance as required by the State of Michigan**
- **I RELEASE THE WOLVERINE FOUR-WHEELERS, ITS 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.**

Attended Event Dates:

#1_____ **#2**_____ **#3**_____ **Submission Date:** _____

SIGNED:_____ _____
(Applicant) **(Applicant Spouse)**

To be completed by Membership Secretary

Submitted to Board on ____/____/____ Action: _____ on ____/_____/_____

Club Meeting Date: ____/____/_____ Action:_____ Member ID_____