



PO Box 361

**Billings, Montana
59101**

Membership Application

Name: _____

Age: _____

Address: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

	<u>Family Members</u>	<u>Relationship</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Vehicle: Make, Model _____

Year _____

Insurance Carrier: _____

Type of Coverage: _____

CB Radio? () Yes () No

Other Equipment: _____

I have received and read the current By Laws of Rimrock 4X4, Inc. I hereby take notice that Rimrock 4X4 retains ownership of decals issued to each member and upon resignation or expulsion from the club, the member must return said decal to an officer of the club within forty-eight (48) hours.

Date of Application

Signature of Applicant

Date Voted On

Signature of Sponsor

Date Dues Paid

Signature of Sponsor