



# AFTA MEMBERSHIP FORM

## Office Use Only:

Member ID: \_\_\_\_\_

Type: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

## MEMBER INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth

(MM/DD/YYYY): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip

Code: \_\_\_\_\_

Country: \_\_\_\_\_

Medical: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## VEHICLE INFORMATION

Vehicle #	Type (Bike/ATV)	Make/Model	Plate #
1			
2			
3			
4			

## SPONSOR INFORMATION

## MEMBER CERTIFICATION

I confirm that the information listed above is true and accurate to the best of my knowledge. I agree to abide by all rules and regulations of the Alberta Flat Track Association.

Signature: \_\_\_\_\_

Date:

(MM/DD/YYYY) \_\_\_\_\_