

# NITRO- Membership Application

Return to:

**Dan Maupin**

**0S616 East St**

**Winfield IL 60190**

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

AMA# (if AMA Member): \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

What motorcycles do you currently own? \_\_\_\_\_

\_\_\_\_\_

Observed Trials Level:

Vintage\_\_\_ Youth\_\_\_ Novice\_\_\_ Int\_\_\_ Adv\_\_\_ Sport\_\_\_ Exp\_\_\_

*I understand that NITRO cannot assume responsibility for any aspect of my safety and that if I participate in any sanctioned meet. I do so voluntarily on my own assessment of my ability, the course, and all facilities and conditions, assuming all risks, and I release and hold NITRO harmless for any injury or loss to person or property which may result therefrom. I understand that this means that I agree not to sue NITRO for any injury resulting to myself or my property at any such meet.*

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Enclose \$10 membership fee for individual membership or \$15 for family membership and return it to the address listed above**

In addition to my membership fee, I would like to make a one time donation of \$ \_\_\_\_\_ to the Northern Illinois Trials Riders Organization (NITRO), in support of their continuing efforts to promote Observed Trials.