RMTA 2017 MEMBERSHIP FORM

INDIVIDUAL MEMBERSHIP - \$45.00 / FAMILY MEMBERSHIP - \$50.00 (Includes family members living at the same address.)

PLEASE MAIL IN THE MEMBERSHIP FORM WITH YOUR PAYMENT TO THE ADDRESS BELOW. THE MEMBERSHIP SECRETARY IS NOT RESPONSIBLE FOR MISSPELLING YOUR NAME - IF YOU WANT IT CORRECT - PRINT LEGIBILY OR COMPLETE ELECTRONICALLY AND SIGN.

MEMBERSHIP (Select one): INDIVIDUA	L FAMILY	NAME:			
FAMILY NAMES:					
		/			
MAILING ADDRESS:					
CITY:		ST:	ZIP:		
HOME PHONE:WORK (OP		NAL)	E-MA	IL ADDRESS	
You Must Be an AMA member, please er	nter it so that the	RMTA charter with	the AMA will b	e current.	
NAME:	NUMBER:		EXP:		
NAME:	NUMBER: _		EXP:_	<u>:</u>	
NAME: NUME		ER:			
NAME:	NUMBER: _	BER:			
MAIL TO: Stan Hensley 1 Casita Ct Pueblo, CO 81005		Questions – call (719) 561-1285 *Make checks payable to the RMTA			
DATE:20	<u>'</u>	RELEASE			
PRINT FULL NAME: (LAST)		IDCT)		(MIDDLE)	
STREET ADDRESS					
KNOW ALL MEN BY THESE PRESENTS: That _					
State of	RMTA, does by these ociation, its officers, judgments, executio cutors or administrations, events, preparations, events, preparations and practice sessify to each and every ociated with the RM liar with the types of and knowing further signed, and his paren and every "section" oe binding on the sig JNDERSIGNED PARTONING TERMS AND RUCTED NOT TO SILAT NO OFFICER O	represents release and representatives and a portion of events, trainicant hereby agree to release to revents, trainicand hereby agree to release to relea	d discharge the RM II persons permittir s of every kind and e by reason of any ng sessions, practeimburse all costs t and release of liate or sign-up fee event, training ses and his parents are the RMTA and that attive of not participilans if the signer is se at each event, are and administrate TIFY THAT THEY ITHEREOF AND TID THE SAME. ANT RINSTRUCTED TRAMTA IS AUTHOF	MTA and its officers, reg or allowing their land a nature whatsoever, injury or harm which ice sessions or other sto those persons confolity, the RMTA agree. It is further understockion, practice session, dor legal guardians if with full knowledge or batting in any such evest under eighteen (18) and to determine whethors, and his parents at HAVE READ THE FOI HAT THEIR SIGNATU Y PERSON WHO DOI O SEEK ADVICE FROR ILLING AND THE RESON THE RESON CREATER AND THE RESON THE RESO	epresentatives, trials masters and to be used by the RMTA of which he ever had or now has may occur to him as result of, similar events sponsored by, nected with this event for es to allow the undersigned to and agreed that this release or other similar event if the signer is under eighteen if the possible consequences ents, has executed this release years of age, agree(s) that it is ther or not he should attempt to nd/or legal guardians if the REGOING AGREEMENT AND IRE EVIDENCED BELOW ES NOT FULLY OM HIS OWN LEGAL IN INTERPRETATION OF THE
IN WITNESS WHEREOF	ha	as hereunto set his	hand this	day of	, 20
Signature:		_ Parent/Guardian	Signature:		