



2024 MEMBERSHIP FORM

MEMBERSHIP (Check one): ☐ INDIVIDUAL(\$45/year) ☐ FAMILY (\$50/year – must be living in same household)

Member / Family name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone numbers: Home:_____ Work:_____ Mobile:_____

E-mail address: _____

AMA Membership: All RMTA members (even minors) must be an AMA member, please enter it so that the RMTA charter with the AMA will be current.

Name(s)	Date of Birth	Age	AMA member #	Expiration

Waiver of Liability: I understand that observed trials can be a dangerous sport and I assume all responsibility for my own and my family/household members' activities. I agree to hold harmless the Rocky Mountain Trials Association (RMTA), its officers, event organizers, landowners, and others involved in hosting and running observed trials competition events and other riding and practice. I hereby release from liability, waive, discharge, and promise not to sue in consideration for my being a member of the RMTA.

Signature:_____Date: _____

If mailing, address to: **John Sinks**
710 Acero Ave
Pueblo, CO 81004

Please make checks payable to RMTA.