

Shin Pond Trail Riders  
1489 Shin Pond Rd  
Mt. Chase, ME 04765  
(207) 944-0366  
[shinpondtrailriders.com](http://shinpondtrailriders.com)



## SHIN POND TRAIL RIDERS

### 2025 MEMBERSHIP APPLICATION

\_\_\_\_\_ \$40 Primary Membership    NEW \_\_\_\_\_    RENEWAL \_\_\_\_\_

\_\_\_\_\_ \$20 Associate Membership    NEW \_\_\_\_\_    RENEWAL \_\_\_\_\_

\_\_\_\_\_ \$60 Business Membership    NEW \_\_\_\_\_    RENEWAL \_\_\_\_\_

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

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

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

Name of Spouse and Children Under 18: \_\_\_\_\_

Number of Wheelers: \_\_\_\_\_ I would like to Volunteer: \_\_\_\_\_

\_\_\_\_\_ \$60 Business Membership    NEW \_\_\_\_\_    RENEWAL \_\_\_\_\_

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

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

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

Contact Person: \_\_\_\_\_

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

Website: \_\_\_\_\_

Tel # \_\_\_\_\_    Email \_\_\_\_\_

Signature \_\_\_\_\_    Date \_\_\_\_\_

I understand that by signing this form, my membership can be terminated at any time if the club or its officers have a reason to believe that I or a member of my family operates an ATV irresponsibly so it endangers the landowner/club relationship or negatively reflects on the integrity of the club. My membership fee is non-refundable. I agree to hold harmless Shin Pond Trail Riders from all liabilities resulting from my involvement with the club.

Make checks payable to: Shin Pond Trail Riders  
Thank you for your support!