

Twisted Off Road Club



Application For Membership

Personal Information (Please print)

Member Name: _____
Address: _____
Home Phone: _____
Mobile Phone: _____
Work Phone: _____
Email Address: _____
Birthday: _____
How did you hear about us? _____

Vehicle Information (Please print) Please send a maximum of 2 pictures to torcoffroad@gmail.com

Vehicle (Year/Make/Model): _____
Engine: _____
Transmission: _____
Transfer Case: _____
Front Axle: _____
Rear Axle: _____
Wheels/Tires: _____
Springs/Shocks: _____
Recovery: _____
Miscellaneous Info: _____

I am eighteen (18) years of age or older

I am under the age of eighteen (18). (ONLY If you checked this box please have a parent or legal guardian sign below)

Print Name _____

Sign Name _____

In signing this I agree to abide by the by-laws and rules of the club during all club functions and will adhere to state laws at all times. I understand the potential risks involved in four wheeling, both for personal injury and/or vehicle damage, and accept those risks. I understand the club is not responsible for any vehicle damage or injury that may occur to my passengers or me.

Signature _____ Date _____

Office Use Only:

Member Number _____

Date of Membership _____

Amount Paid _____