



WASATCH CRUISERS MEMBERSHIP APPLICATION

Name: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

Telephone- Work: _____ Home: _____ Cell: _____

E-Mail Address: _____ Name of Vehicle: _____

TLCA Membership #: _____ Years Off Road Experience: _____

Year & Model of Toyota (s): _____

Special Equipment:

Personal Biography:

I understand my special equipment list, e-mail, and personal biography will be used with my name on the Wasatch Cruisers web page. I relieve Wasatch Cruisers and it's members from any liability for personal injury or property damage that might occur traveling to, from, or during any trail run they may sponsor. I agree to have at least the minimum insurance required by state law on my vehicle during any Wasatch Cruiser or TLCA event. I accept full responsibility for myself, my vehicle, and any and all passengers riding in my vehicle. My vehicle will comply with the Wasatch Cruisers Minimum Safety & Equipment Checklist prior to any run. I understand my annual dues are \$25.00 (subject to change by membership vote).

Signed: _____ Date: _____

Dues Paid: _____ Wasatch Cruiser Officer: _____