Enchanted Voyagers

Membership Application

DATE: _____

Member Fees $10 Family ( )New Member ( )Renewal

Primary Driver Information		Riding partner/Co-Pilot	
Last Name:	_____	Last Name:	_____
First Name:	_____	First Name:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State/Zip:	_____	State/Zip:	_____
Home Phone:	_____	Home Phone:	_____
Gender:	_____	Gender:	_____
Birthday:	_____		_____
e-mail:	_____	e-mail:	_____
Cycle Year:	_____	Cycle Year:	_____
Make:	_____	Make:	_____
Model:	_____	Model:	_____

May we print your birthday and anniversary? (No years will be given) ( )Yes ( )No

Anniversary: _____

For the roster on our internet site, may we publish your? ( )Name ( )Address ( )Phone ( ) E-mail

Please indicate any assistance you are willing to give fellow EVA members in time of need.

( )Pick Up Truck ( )Bike Trailer ( )Local Info ( )Tent Area ( )Lodging ( )Tools

Other _____

Send Application and check to Brenda Herring
With check made out to 325 County Rd 130
Liberty, TX 77575

I/We the undersigned agree to not hold AVA-EVA, it's officers, agents, members or anyone connected with the AVA-EVA functions responsible for any accidents, injury, or personal loss before, during, or after attending any event, get together, activity or rally.

Signature, primary_____

Signature, co-rider_____