



MEMBERSHIP FORM

PRINT CLEARLY - TAKE YOUR TIME

Today's Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ AMA # _____ Expiration Date _____

Emergency Contact _____ Emergency # _____

Membership Type: (Click on one) \$40.00 Single \$60.00 Family

Family Member Riders: Name:	AMA#	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you like your flyer E-mailed? (Click on one)

YES No

Email Address: (please print clearly – or you will not receive any emails)

Make Check Payable to:
Central Arizona Trials
14427 N. Lakefrest Dr.
Sun City, AZ. 85351

Welcome to the CAT Club!
If you have any questions call Mike Carlton
(602) 370-7546
If you have any questions at the Trial ask the
Trial Masters