

MEMBERSHIP APPLICATION *for* **2016 Membership Year** (Please Print)

Name:	Last	First			Initial	
Address:	Street	······································	City/Town		Postal Code	
Contact:	Home Phone	Phone Email Address			S	
ATV Data:	Make	Model	CC Rating	Year	Colour	Plate No.
Safety Train	ing Birth Date	d mm y	Insurance	Yes No	_ Household N	Members
	5.00 must accompany this an of Nova Scotia (ATVANS			-	L	
	ip in SMATVA and ATVAlewed, memberships and the		•			•
	I agree to abide by the	e bylaws of t	he Safety Min	ded ATV	'Associatio	n.
	Signature		Date			
METHODS	S OF PAYMENT: Cash, Ch	eque, or e-Trai	nsfer to SMATV	'A Treasur	er,	

Ν smatva.treasurer@gmail.com, Question: Club acronym? Answer: SMATVA

METHODS OF SUBMITTING THIS APPLICATION:

Mail: Print & mail completed form to the Membership Director: Jim Law (SMATVA Membership)

706A Waverley Road Dartmouth, NS, B2X 2G4

In Person: Print and hand deliver completed form to the Membership Director at a SMATVA General Meeting.

Email: Scan and email completed form to thelaws37@eastlink.ca

General meetings are held on the third Monday of each month with the exception of July and August. Refer to SMATVA's website (smatva.ca) for information regarding activities and/or notices.