

2024 Membership Application

Visit us on the web: <u>www.ALGERSORVA.com</u> , FaceBook: AlgerCountySorva

"Dedicated to Educated, Responsible, Snowmobile and ORV Recreation"

Applicant Name			
Address			
City	State	Zip	
Telephone			
Email Address			

- Please complete page 2 of Application for Family Members -

Named person(s) on this application hereby makes application for membership in the Snowmobile & Off Road Vehicle Association of Alger County, also known as S.O.R.V.A. of Alger County. As a member, He/She promises to promote and encourage good sportsmanship and to promote and encourage protection of the wilderness and wildlife while operating a Snowmobile or ORV. He/She also promises to comply with the resolution of the S.O.R.V.A. of Alger County Board of Directors.

Membership Dues:

	INDIVIDUAL	\$30.00 Annual - one (1) person aged eighteen (18) or older.
	FAMILY	\$50.00 Annual - one or two (1-2) adult parents eighteen (18) or older, plus children seventeen (17) or under living at the same mailing address.
Don	ation: \$	(As a 501c3 non-profit organization, tax deductible donations are always appreciated)
N	lake checks paya	able to: Alger S.O.R.V.A. Mail to: S.O.R.V.A., PO BOX 31 Shingleton, MI 49884
		S.O.R.V.A. of Alger County is a registered 501c3, not for profit organization.
	Amount Enclos	edDate
	Signature	

Primary Applicant Name (from page 1) _____

Adult parent eighteen (18) or older
Spouse - Applicant Name
Telephone
Email Address
Children seventeen (17) or under living at the same mailing address.
Child 1 – Applicant Name
Telephone
Email Address
Child 2 – Applicant Name
Telephone
Email Address
Child 3 – Applicant Name
Telephone
Email Address
Child 4 – Applicant Name
Telephone
Email Address
Child 5 – Applicant Name
Telephone
Email Address