

GREAT FALLS TRAIL BIKE RIDERS ASSOCIATION - MEMBERSHIP INFORMATION

Name _____

Family members _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

AMA Number _____

Please make checks payable to: GFTBRA, PO Box 602, Great Falls, MT 59403

SIGN-UP ONLINE AT GFTBRA.COM

MEMBERSHIP TYPE	
INDIVIDUAL \$35	_____
FAMILY \$50	_____
BUSINESS \$75	_____
LITTLE BELTS MAINTENANCE FUND DONATION \$	_____
DONATE TO GFTBRA \$	_____
TOTAL \$	_____