Mail to: Ravalli Off Road, P.O. Box 72, Hamilton, MT 59840

Name (s) (please list	all family names) or E	Business /	Sponsor Name and W	eb site
(optional):				
 Address:				
			Zip code:	
Number of Off-Road	Users in the family:	Re	eferred by:	
Date:		Check	Number:Cash	•
Single (\$10.00)	Single Lifetime \$15	50.00	Family (\$20.00)	Business
Sponsor (\$100.00)	Donation\$_			
All memberships/ sponso	ors run from January 1st to	December 3	31st yearly. If you want to b	e contacted when

All memberships/ sponsors run from January 1st to December 31st yearly. If you want to be contacted when someone from ROR is going for a ride, let us know how you'd like to be contacted. We will not give out any of your contact information without your permission. Please let us know: If you would like a list of other riders to contact when you go ride. Contact for rides? Yes or No