



Post Office Box 1094.
Flagstaff, AZ 86002-1094
(928) 556-0311
www.coconinotrailriders.org

Membership Directory Information Form

Name: _____

Home Phone: _____ Hours O.K. to call: _____

Work Phone: _____ Hours O.K. to call: _____

May you be called during working hours: ___Yes ___No

Cell phone: _____

FAX: _____

E-mail home: _____

E-mail Work: _____ Preferred e-mail contact: ___Home ___Work

Street address: _____

City: _____ Zip: _____

Employer: _____

Position/Title: _____

OHV affiliations: _____

Other affiliations: _____

AMA Number (if you have one – AMA Membership is not required): _____

Special skills: _____
(computer, equipment, repair/operation, speaking writing, presenting, etc.) _____

Note: This information is for club use only, and will not be sold or furnished to advertising agencies

Dues received by Treasurer Yes No