

DO NOT WRITE IN THIS SPACE:

MEMBERSHIP ID# \_\_\_\_\_

DATE OF ENTRY: \_\_\_\_\_

### Membership Application



_____	Day Membership (Tracks or Trails)	\$20
_____	Annual Motocross Track Membership (Quads/Bikes)	\$65
_____	3-Month Adult Trails Membership	\$165
_____	3-Month Youth (Under 18) Trails Membership	\$98
_____	3-Month Family (Up to 4 people) Trails Membership	\$298
_____	Annual Adult Trails Membership	\$495
_____	Annual Youth (Under 18) Trails Membership	\$295
_____	Annual Family (Up to 4 people) Trails Membership	\$895

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If a minor-parent's name: \_\_\_\_\_

#### Please fill out for Family Trails Membership:

Name of 2<sup>nd</sup> Member: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of 3<sup>rd</sup> Member: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of 4<sup>th</sup> Member: \_\_\_\_\_ DOB: \_\_\_\_\_

Email completed form to [njimpfod@gmail.com](mailto:njimpfod@gmail.com)

OR

Mail completed form to:

**NJ Field of Dreams**

**1951 W. Buckshutem Road**

**Millville, NJ 08332**

**Phone: 856.765.3799**