FRONTIER 4x4 Club
MEMBERSHIP INFORMATION FORM
MEMBERSHIP YEAR : 2026

DATE:_____

Please check one: **Renewal:_____** **New Member Application:_____**

NAME:_____ **EMAIL ADDRESS:_____**

ADDRESS:_____ **City:_____** **Zip:_____**

CELL PHONE: _____ **HOME PHONE:_____**

(OPTIONAL:) **SPOUSE'S NAME:_____**

(OPTIONAL:) **CHILDREN: Y N – How Many?:_____**

PRIMARY OFF-ROAD VEHICLE DESCRIPTION:
This information simply helps up know what your vehicles capabilities are.

Make_____ Model:_____ YEAR:_____

4-wheel drive capable? Y - N Tow Points? Front: Y N -- Rear? Y - N

Locker(s)?: Front: Y - N – Rear? Y - N Tire Diameter?:_____

Solid roof **OR** roll cage? Y - N Fire Extinguisher? Y - N

Seatbelts for all human occupants? Y - N

DUES:
$50.00 / YEAR SINGLE OR FAMILY
($25. 00 for Frontier & $25.00 for Montana 4X4 Association & United 4X4 Association)
Please makes checks payable to: Frontier 4 Wheelers
After meeting the general requirements for membership of attending two consecutive meetings and joining one official club trial ride, current members will vote on allowing perspective members to join.

For Frontier 4 Wheelers Officer Use Only:

Date of payment:_____ AMOUNT: $_____

Method / Amount of Payment: Cash:_____ or Check:_____ Check#_____

Recording officer:_____