

Mail membership form with  
check or money order to:  
Adk MX, 10786 St Rt 149  
Fort Ann, NY 12827  
To pay by Credit Card call  
518-791-9630



# 2018 Membership Form

**Single Rider \$450**

**Family Pack \$700** (includes up to 4 immediate family members)

Memberships will allow riders to enter facility at no extra fee throughout the year for open practice days only.  
(Depending on weather this should be about 90 - 95 days that the track will be available to you)

This does NOT include the practice day before a race event or any of our other functions such as school, camps, etc.

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

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Please be prepared to show Photo ID.

#1 Bike Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

#2 Bike Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

#3 Bike Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

#4 Bike Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

#5 Bike Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Ship Membership Card to the address above.  I will pick up Membership Card at ADK MX Gate.

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