

TWIN CITIES TRAIL RIDERS MEMBERSHIP FORM

As a member of Twin Cities Trail Riders, I agree to abide by the following code of ethics:

TRAVEL RESPONSIBLY on designated roads and trails or in permitted areas.

RESPECT THE RIGHTS OF OTHERS including private property owners and all recreational trail users, campers and others to allow them to enjoy their recreational activities undisturbed.

EDUCATE YOURSELF by obtaining travel maps and regulations from public agencies, planning for your trip, taking recreation skills classes and knowing how to use and operate your equipment safely.

AVOID SENSITIVE AREAS such as meadows, lakeshores, wetlands and streams, unless on designated routes.

DO YOUR PART by leaving the area better than you found it, properly disposing of waste, minimizing the use of fire, avoiding the spread of invasive species, restoring degraded areas and joining a local enthusiast organization.

Tread Lightly![®]

I agree to abide by the State Recreational Motor Vehicle rules and regulations. Such as purchasing and displaying Off-Highway Motorcycle registration, installing a spark arrester, and staying below the allowed decibel limit for exhaust sound levels.

I also agree that I am, or someone in my household is, an Off-Highway Motorcycle owner and rider.

New Member Registration

Renewal

Date: _____

Applicant Information						
Name:		Phone (H):				
Address:		Phone (C):				
Address:		Email:				
City:		AMA Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	AMA#	
State:		ARMCA Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Zip:						
		Cost:	\$25.00			
Additional Household Members						
Name:		AMA Number:		Cost:	\$5.00	
Name:		AMA Number:		Cost:	\$5.00	
Name:		AMA Number:		Cost:	\$5.00	
Name:		AMA Number:		Cost:	\$5.00	
				Amount Enclosed:	\$	

I do not want my contact information shared with current and future club sponsors.

I understand that this may limit my ability to partake in some club membership benefits.

Use this phone number or e-mail address as a shared contact for club sponsors: _____

Primary Applicant Signature: _____

Membership is annual, January 1st through December 31st. Applications are accepted at any time.

Send completed membership application to: Twin Cities Trail Riders, 8051 W 195th St, Jordan, MN 55352