

Twin Cities Trail Riders Membership Form

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

- **T**ravel only where motorized vehicles are permitted. Never blaze your own trail.
- **R**espect the rights of hikers, equestrians, skiers, campers, and others to enjoy their activities undisturbed.
- **E**ducate yourself by obtaining travel maps and regulations from public agencies, complying with signs and barriers, and asking owners' permissions to cross private property.
- **A**void streams, lakes shores, meadows, muddy roads and trails, steep hillsides, and wildlife and livestock.
- **D**rive (ride) responsibly to protect the environment and preserve opportunities to enjoy OHM activities in the future.

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 noise.

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

New member registration Renewal

Date: _____

Applicant Information

Name:		Phone (H):	
Address:		Phone (W):	
Address:		E-mail:	
City:		AMA Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes AMA#
State:		ARMCA Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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: \$

Primary Applicant Signature: _____

Membership is annual, April 1st through March 31st. Join anytime; your second membership year will be prorated through March 31st. Please make checks payable to Twin Cities Trail Riders, do not send cash.

Send completed membership applications to: Twin Cities Trail Riders, P.O. Box 4101, Hopkins, MN 55343-0899