

## 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!**<sup>®</sup>

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:	<b>\$25.00</b>			
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	
				<b>Amount Enclosed:</b>	\$	

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 1<sup>st</sup> through December 31<sup>st</sup>. Applications are accepted at any time.

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