



Membership
Number _____

Membership Application Form

Name: _____ Date: _____
Mailing address: _____
City/town: _____ Phone: _____
Province/State: _____ Cell: _____
Postal/ZIP Code _____
Email address: _____

Emergency Contact:

Name: _____ Phone: _____
Street Address: _____ Cell: _____

Trials Interest(s): Motorcycle: Bicycle: Supporter:

Annual Membership: Single: \$20.00 Family: \$30.00
Payment method: Cheque: E-Transfer: Cash:

If Family Membership:

Name: _____ Email or phone: _____
Name: _____ Email or phone: _____
Name: _____ Email or phone: _____
Name: _____ Email or phone: _____

99 Trials Code of Conduct

Club members must always be accommodative in their conduct towards all other users of the riding areas.

A current *99 Trials* membership decal should be displayed on all trials machines.

Members should maintain awareness of acceptable riding areas.

Members will promote the sport of trials riding through courtesy, respect for the environment and demonstrating the highest levels of sportsmanship.

I hereby apply to become a member of 99 Trials Association. I agree to abide by the rules of the association as stated above, and to abide by the constitution and bylaws of 99 Trials

Signature: _____ Date: _____

Checking here: is equivalent to submitting the form with a written signature.