



OIS Riders Membership

Member Information

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Emergency Contact

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Vehicle Type: Motorcycle ATV Snowmobile

Are you a member of any other riders organization? _____

If so, what groups? _____

Veteran

Civilian