

NYSSA Voucher # _____

Paid Year _____ - _____



New Membership

Renewal Membership

Milford Snow Trekkers, Inc.

MEMBERSHIP APPLICATION

Membership Fee: \$30

Name _____ NYSSA ID # _____
(Located on your NYSSA Membership Card)

Address _____
Address Must Match Address on Registration

City _____ State _____ Zip _____

Email _____ Phone # _____

Number of Registered Snowmobiles _____

Twenty five cents of your \$5.00 NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Committee) who is our voice in Albany. If you do not wish to contribute to the NYS Snowmobile PAC, please check this box. Please note, your NYSSA dues remain \$5.00.

The NYSSA default is that this member will receive occasional offers and promotions by U.S. Mail directly from NYSSA Sponsors and he or she is at least 18 years of age. If he or she does not wish to receive promotional mailings or is under 18 years of age please check this box.

Family Membership Information

Spouse's Name _____

Child Under 18 _____

Child Under 18 _____

I certify the information provided is accurate:

Signature of Applicant _____ Date _____

Signature of Club Officer _____ Date _____

As a candidate for membership, I agree to the following provisions and bylaws contained within the constitution of the club. I also agree to pay monetary dues, which are set by a majority and/or the club's membership. That said dues are needed to operate the club. I certify and release all property owners from any responsibility for personal injury and/or damage to snowmobiles incurred and while using the property and/or owners facilities. Thank you for joining the club. Your membership dues, and participation help support snowmobiling in our associated area. \$5.00 of your membership fee will go to NYSSA to help support snowmobiling in New York State. Please participate...our success depends on you!