**Membership Application**

One membership will cover sleds registered in your name, your spouse’s or significant other’s or your child’s name (under the age of 18) as long as everyone has the same address and are listed below.

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| **Member Information** (Please Print)First Name:                                                    Last Name:                                                                Address:                                                                                                                                               City:                                                          State:                            ZIP:                                              Phone:                                                      Email:                                                                                # of Registered Snowmobiles:                  Note: Address must match registration. **Family Information**Spouse First Name:                                          Last Name:                                                             # of Children:                         List Children 18 who intend to register sleds in their own name:1.
2.
3.
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| **Contributions**\*Membership (includes 1 trail map, 1 club decal, $5 NYSSA Membership, $1 SLEDNY Education……………………………………………………………………………………………………………………………………. $30  \*Extra Club Decal $2 each…………………………………………………………………………………………………………….$       \*Extra Oswego County Trail Map $5 each…………………………………………………………………………………….$       \*Additional Contributions to Trail Fund………………………………………………………………………………………..$       \*Subtract $6 if you have already paid your NYSSA Due with another club membership………………-$6      Grand Total $        ( ) Check if you would like to volunteer for club activities( ) $0.25 of the $5.00 NYSSA dues will be automtiacally used for the NYS Snowmobile PAC (Political Action Committee) wgich is our voice in Albany. If you DO NOT wish to contribute check the box.  |

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| **Club Use Only** $                  Cash/Check (# ) Date:                      Initials                        NYSSA#                            Dep.:                              Date:                          Initials:                             |