



Club Membership Application
Minimum Dues \$30.00 per year April 1- March 31
PLEASE PRINT

NYSSA ID Number	(From Membership Card)
First Name:	
Last Name:	
Address1:	
Address2:	
City:	
State:	Zip Code:
Family Membership Information:	
	Last Name:
	ster a snowmobile
Phone Number: ()	
Email Address:	email of DMV Voucher, newsletters, and other coorospondance.
Email is required for logili to 1v155/1 web site, e	mail of Diff v voucier, newstetters, and other coolospondance.
□ Family Membership - \$30.00 annu	ally
□ NYSSA Trail Defender membersh	•
	.p
Have you already paid NYSSA Dues If so, list club(s)	s this season via another club?
Please enter the number of snowmob	oiles you intend to register
PAC (Political Action Committee)	SSA dues will be used for the NYS Snowmobile who is our voice in Albany. If you <u>DO NOT</u> wish oile PAC, please check this box. Please note, your
promotions by U.S. Mail directly fi	nember will receive occasional offers and from NYSSA Sponsors and they are at least 18 a to receive promotional mailings or are under 18
For Club use only: □ Snowmobile Trail Land Owner	□ Military Honorary
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Please make checks payable to Lakeshore Riders and mail with this form to the address below.