

Horseheads Snowmobile Club Membership Application*

(PLEASE PRIN	1)					
First Name: _		Last Name:	Last Name:			
Street Addres	ss/PO Box		City:			
State:	Zip:	County:	# of registered sleds:			
Family Mem	bership Informatio	n				
Spouse: Firs	e					
Phone #:						
Email:		(DMV	Voucher, NYSSA Newsletter & other info)			
() NYSSA	Trail Defender mem	bership price \$50 (includes N bership upgrade additional S ues this season via another cl				
Committee)	who is our voice in A		for the NYS Snowmobile PAC (Political Action to contribute to the NYS Snowmobile PAC, please).			
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The club needs volunteers to help the organization remain successful and a pleasurable place to ride and meet. Please sign up for volunteer committees below (circle all that apply):

1. Building Maintenance	2. Trail Maintenance	3. Holiday Party	4. Officer or Board candidate
5. Blast from the Past	6. Landowner picnic	7. Poker runs	8. Wood cutting
9. Trail grooming	10. Housekeeping	11. Members party	12. Lawn Care

PLEASE SEND COMPLETED APPLICATION & \$50 TO:

Horseheads Snowmobile Club P.O. Box 216 Horseheads, NY 14845

By acceptance of this application, I will abide by the bylaws of the Horseheads Snowmobile Club, Inc. Signature of Applicant:

Check us out on the web at www.Horseheadssnowmobileclub.org

*Upon receipt of this completed application and payment in full (\$50), the club will process the application and send your proof of membership voucher for sled registration. This voucher will cover all sleds registered under the individual and spouses names at the address you listed above.

For Club use only:				
Blank Voucher ID issues (ex 12-140-B151):				
Snowmobile Trail Land Owner ()				
App rec'd by:	_ Amt Rec'd:	_ Check #:		