

Shawnee Sno-Chiefs Snowmobile Club, Inc. Membership Application (Please Print Legibly)

Personal Information:

Date: _____
 Name: _____
 Spouse: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone: _____
 Cell Phone: _____
 E-mail: _____
 Children: (Under 18 years of age)
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____

Snowmobile Information:

Insurance Carrier: _____
 Snowmobiles
 Brand: _____
 Year/Model: _____
 Brand: _____
 Year/Model: _____
 Brand: _____
 Year/Model: _____
 Brand: _____
 Year/Model: _____

Club Participation:

I would like to be contacted about participating in the following club programs: (please check all that apply)

- Trail Committee
- Emergency Snow Response Team
- Grooming Committee
- Fundraising
- Club Officer
- Club Newsletter/website
- Grass Drags
- Vintage Club
- Youth Club
- Other: _____

Meetings are held on the 1st Monday of each month (Aug – Apr) at 7:30 P.M. at the Shawnee Fire Hall, 3747 Lockport Road, Sanborn, NY 14132. For more info, see our website: www.snochiefs.net

Membership Type:

_____ Family: \$30.00 per year
 _____ Secondary Member: \$24.00
 (No Voucher provided)
 _____ Trail Defender: \$20 per year

‘Trail Defender’ is an additional category of membership –your \$20 will go to a special fund used solely for defending clubs and trails across New York State- defraying the costs of preserving and protecting snowmobile trail access.

Signed: _____

(Signature of Member)

Negative Check-off: By checking this box, NYSSA will not forward Twenty-Five (25) cents of your NYSSA dues to the NYS Snowmobile PAC. NOTE: Checking or not checking this box ***will not*** change your dues amount.

FOR ADMINISTRATIVE USE

Voucher Number Assigned _____

Amount Received: _____