20___- 20___ Battenkill Snowdrifters Membership Application

	Individual membership \$30 Family membership \$30
PLEASE PRINT CLEARLY	NYSSA Trail Defender membership upgrade additional \$20.00
	(# on Membership Card)
Last Name:	
First Name:	
Address1:	(ex. '6 Maple St.', 'PO Box 123')
Address2:	 _
City:	<u> </u>
State:Zip Co	ode:
Phone #:	
Email:	
	Site and e-mail of DMV Voucher, NYSSA News Letter, and other information.}
Family Membership Information Spouse First Name:	Last Name:
Children under 18 that intend to reg	gister a sled:
Please enter the number of snowmo	bbiles you intend to register
= = •	ues will be used for the NYS Snowmobile PAC (Political Action Committee) vish to contribute to the NYS Snowmobile PAC, please check this box. Please
Have you already paid NYSSA Dues this If so, which Club?	
is done by club members donating their ti	e for maintaining existing trails and establishing new trails. All this work ime and energy. When you are out enjoying the trails, please respect the and the work that has been done by fellow members maintaining the trails.
As a member can we call on you for your	help?
For Club use only Blank Voucher ID :	

Snowmobile Trail Land Owner ()