

# MEMBERSHIP APPLICATION



P.O. Box 101  
Bloomfield, NY 14469

*Mission Statement: To promote the general welfare and safety of snowmobiling, to defend snowmobilers from discriminating legislation, regulations and taxations, and to develop fraternal spirit among snowmobilers and other winter sports enthusiasts.*

On the Web:  
[www.fingerlakesnowmobileclub.org](http://www.fingerlakesnowmobileclub.org)

2015 - 2016 Member Information: New Member  Renewal  Type: Individual  Family

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse: \_\_\_\_\_ Children (ages): \_\_\_\_\_

Number of Snowmobiles to be registered: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\$30.00 Membership:** **\$30.00**      \$ \_\_\_\_\_  
Includes your \$ 5.00 New York State Snowmobile Association Membership, plus \$ 1.00 to SLEDNY (501 (c) (3) an extension of NYSSA).

**Military Honorary Membership:** **FREE**  
Current active duty military receive **FREE** Finger Lakes Snowmobile Club and NYSSA membership. Please provide a copy of your current military ID.

**Landowner Membership:** **FREE**  
Current landowners receive **FREE** Finger Lakes Snowmobile Club and NYSSA membership.

Check this box if you would like twenty-five cents of your NYSSA dues to be used for PAC (Political Action Committee). **TOTAL**      \$ \_\_\_\_\_

Please make check Payable to: "FINGER LAKES SNOWMOBILE CLUB, INC."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note:** Please send a check or money order. Finger Lakes Snowmobile Club, Inc. is not responsible for cash sent in the mail. All members must agree to abide by all NY State Laws, Club Trail Rules & By-Laws. Meetings are held the 2nd Tuesday of the month and BOD meetings are the last Tuesday of the month.

*Volunteers are needed! Any help you can provide would be greatly appreciated!*

\_\_\_ Trail maintenance \_\_\_ Selling Raffle Tickets, Entertainment Books \_\_\_ Other \_\_\_\_\_

**Club Use Only:**

\$ \_\_\_\_\_ Check # \_\_\_\_\_ App. Rcv'd: \_\_\_\_\_ Voucher Rtd: \_\_\_\_\_

NYSSA # \_\_\_\_\_