



Membership Form

Name:			
	(First)	(Middle Initial)	(Last)
Address:			
	(Street)	(City)	(State) (Zip) (County)
Telephone:			

of Registered Sleds: # of Children under 18:

Type of Membership

Choose One (\$6.00 to NYSSA)

Individual (\$30.00)
 Family (\$30.00)
 Trail Landowner (\$0.00, with club approval)

Joined NYSSA through another club

Individual (\$24.00)
 Family (\$24.00) Club Joined: _____

Twenty-five cents of your NYSSA dues go to the NYS Snowmobile PAC (political action committee).
 If you do not wish to make this payment please check the box. (Your NYSSA dues are still \$5.00)

Additional Names Listed on Voucher

Spouse:			
	(first)	(middle initial)	(last)
Child:			
	(first)	(middle initial)	(last)
Child:			
	(first)	(middle initial)	(last)
Child:			
	(first)	(middle initial)	(last)

Newsletter Receipt

Please select how you would like to receive our newsletters or other club correspondences

USPS mailings
 Email: _____ (email address: you@isp.com)

Please make check payable to: Canadarago Snowtoppers
 Mail membership dues along with this form to:
 Canadarago Snowtoppers Association, Inc
 Attn: Membership Committee
 P.O. Box 1486
 Richfield Springs, NY 13439