

MEMBERSHIP APPLICATION

ENCHANTED MOUNTAINS BORDER RIDERS SNOWMOBILE CLUB INC.

P.O. BOX 325 WESTONS MILLS NY 14788

ex.0370-B _____ NYSSA membership# _____ (#on old card)

voucher#

First Name (Print Only) _____

Last Name _____

Street Name(P.O.Box) _____

City _____ State _____ Zip Code _____

Contact Phone Number with area code _____

Family Membership Information

Spouce: First and Last name _____

Children under18 that intend to register a sled _____

Your e mail address: _____ for NYSSA newsletter and club newsletter and other information. Will not be given to anyone.

Club dues are \$25.00 -- Membership end August 31 of the year

Have you already paid your NYSSA dues this season via another club? If so, deduct \$5.00 and enter the name of the club. _____

Number of sleds I intend to register _____

WOULD YOU BE WILLING TO HELP WITH THE TRAIL WORK? _____

Signature of Applicant _____

