



Sharon Pathfinders, Inc. Snowmobile Club

PO Box 233

Sharon Springs, NY 13459

www.sharonpathfinders.org

Season _____

() New or () Current member

First Name {PRINT ONLY} _____ Last Name _____

Street Address/PO Box _____

*****Address must match your snowmobile Registration address.*****

City _____ State _____ Zip Code _____ County _____

*****Address where you receive your mail if different from registration.*****

Street Address/PO Box _____

City _____ State _____ Zip Code _____ County _____

Family Membership Information

Spouse- (First Name) _____ (Last Name) _____

List ALL Children under 18 that intend to register a sled

Phone # _____

Email _____

() Check Box if it is ok to email NYSSA News, Club News Letter and other club information. Your email address will be kept confidential.

Please make checks payable to : **Sharon Pathfinders, Inc**

() Family Membership-----\$30.00(Includes NYSSA Dues \$5.00)

() Individual Membership--\$30.00(Includes NYSSA Dues \$5.00)

() **Optional** - NYSSA Trail Defender membership additional - \$20.00

Have you already paid NYSSA Dues this season via another club? () yes () no

If so, deduct \$5 and enter name and NYSSA # of Club _____

Number of sleds I intend to register _____

[] **Optional** - Twenty five cents of your \$5 NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Committee) who is our voice in Albany. If you do not wish to contribute to the NYS Snowmobile PAC, please check this box.

Please note, your NYSSA dues remain \$5.00.

Signature: _____ Date : _____

(By completing this application for membership, I agree to abide by the By-Laws of this club.)

For Club use only

Member ID number : _____ Snowmobile Trail Land Owner ()

Blank Voucher ID issued (ex 07-140-B183): _____