

SULLIVAN COUNTY TRAIL ASSOCIATION
P. O. BOX 332
PARKEVILLE, N.Y. 12768

MEMBERSHIP APPLICATION
2016-2017

NAME (PLEASE PRINT) _____

STREET ADDRESS/P.O. BOX _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ SPOUSE'S NAME _____

PHONE # _____ EMAIL _____

\$30.00 STANDARD MEMBERSHIP FEE FOR ALL MEMBERSHIPS, WHICH INCLUDES \$5.00 NYSSA DUES. PLEASE MAKE CHECKS PAYABLE TO THE SULLIVAN COUNTY TRAIL ASSOC. AND MAIL TO ADDRESS ABOVE. YOUR DMV VOUCHER WILL BE SENT TO YOU BY RETURN MAIL.

HAVE YOU ALREADY PAID NYSSA DUES TO ANOTHER CLUB? _____
IF SO, DEDUCT \$5.00 AND ENTER NAME OF CLUB _____

NUMBER OF SLEDS I INTEND TO REGISTER _____

() NYSSA TRAIL DEFENDER MEMBERSHIP (OPTIONAL) \$20.00

() 25 CENTS OF YOUR \$5.00 NYSSA DUES WILL BE USED FOR THE NYSSA SNOWMOBILE POLITICAL ACTION COMMITTEE, WHO IS OUR VOICE IN ALBANY. IF YOU **DO NOT** WISH TO CONTRIBUTE TO THE NYSSA PAC, PLEASE CHECK THIS BOX. PLEASE NOTE - YOUR NYSSA DUES REMAIN AT \$5.00.

THE SULLIVAN COUNTY TRAIL ASSOC. WAS FORMED TO HELP DEVELOP AND PROMOTE SAFE SNOWMOBILING IN SULLIVAN COUNTY. IN REGISTERING AS A MEMBER, I AGREE TO LEND MY ASSISTANCE TO THE ASSOCIATION AND ITS ACTIVITIES, AND TO ACT AS A POSITIVE ROLE MODEL FOR OTHERS.

SIGNED _____ DATE _____

PLEASE SEND ME _____ ADDITIONAL DECALS. I AM INCLUDING \$1.00 FOR EACH ADDITIONAL DECAL WITH MY DUES PAYMENT.

FOR CLUB USE ONLY: VOUCHER ID # ISSUED _____
DATE _____ NYSSA ID# _____