

Orleans County Snowdrifters

Annual Membership form

Please complete and return by the October Meeting

Annual Family Membership \$25.00 Per Person \$30.00 FAMILY

Paid By: Check _____ Cash _____

Name: 1. _____

2. _____

Address: _____

Phone#: _____

If you have children interested in snowmobiling, please provide us with their names and ages:

1. _____

2. _____

3. _____

4. _____

\$0.25 of the \$5.00 NYSSA fee included with your dues will be used for the NYS Snowmobile PAC. If you do not wish to contribute to the NYS Snowmobile PAC, please leave unchecked.

I will be responsible for myself and any passenger and assume all risks, and liabilities. In the event of accident, fire, theft to myself, my equipment, or my vehicle, I will not make a claim against the "Orleans County Snowdrifters" it's officers or any member

Signature _____ Date _____

Signature _____ Date _____

Mail completed form to:

Orleans County Snowdrifters
C/O Amanda Clemens
2206 Sawyer Rd.
Kent, NY 14477