CNY Snow Travelers, Inc.

www.cnysnowtravelers.com

2024-2025 APPLICATION FOR MEMBERSHIP

2024-2025 Membership Options:					Office Use : CK#:							
☐ New Family Membership					Cash:							
☐ Renew N		Processed:										
_ Landowr	ner Membersh	ip							NYSSA#:			
Registrati	on Informatio	on									<u></u>	
First Nan	ne				Last N	ame						
Address					_							
City				State					Zip Code			
Telephone				E-Mai	il							
Number	Number of sleds regis		tering		\ Vouch	Voucher Options		Online (NYSSA website)				
				Choos	se one:		\Rightarrow		Mail Vouche	r		
									Email Vouche	er		
I would li	I would like to volunte		□Trail Work	□ Gro	oming	oming Club Event			s □ Other			
			ldren under 18 e						1			
Spouse o	r Partner Nar	ne										
Child 1 N					Child 2	Name						
Child 3 N	Child 3 Name				Child 4 Name							
Payment I	Information											
\$	Individual	dual \$ 30.00 Includes 1 NYSSA membership.										
\$	Family	\$ 30.00 Includes 1 NYSSA membership for primary applicant.								\neg		
\$	Lifetime	•							pplicant for the	e first year, \$		
		5.00 is	5.00 is required for NYSSA dues each following year.									
\$	Trail		5.00, Include 1 NYSSA membership for primary, the additional \$ 20.00 goes to									
	Defender	NYSSA to reimburse clubs for defense costs related to trail issues.										
\$	Land		ree club membership, free NYSSA membership. Membership is for property on									
Owner		CNY snow travelers system. 1 Voucher per property (put all sleds on 1 Voucher).										
\$	Donations	ations Tax deductible donation, in addition to your membership fees. Total Amount Enclosed—Thank You!										
\$	Total Ai	nount i	nciosed— i nani	k You!								
Twentv-f	ive cents (.25)	of vour	\$5.00 NYSSA due	s will be	used for	the NYS	S Snow	/m	obile PAC (Politi	cal Action Cor	mmittee) who I	
-		-	<u>t</u> wish to contribu						-		-	
due remair	ո \$ 5.00.											
\neg												
			member will rece				-		-	-	-	
check this l		years or	age. If he/she do	<u>bes not v</u>	wish to re	eceive pi	romoti	ion	iai mailings or is	under 18 yea	rs of age, pleas	
CHECK CHIS	JUA.											
Signature:					Da	ate:						
	•	rn with	membership du	ues to:								
Carter Col	_											
3274 Moh												
Sauquoit N	NY 13456	For Membership questions please contact Carter Collins										

E-Mail: membership@cnysnowtravelers.com

Phone: 315-527-4754