



LOST TRAIL SNOWMOBILE CLUB, INC.
P. O. BOX 604
BOONVILLE, NEW YORK 13309

First Name _____

Last Name _____

Email: _____ Phone: _____

{DMV Voucher, NYSSA News Letter and other information can be emailed}

Street Address/PO Box _____

City/ State _____ Zip Code _____ County _____

Family Membership Information

Spouse: First Name _____ Last Name _____

Children under 18 that intend to register a sled

Individual \$30* Family (of 4) \$30* Trail Landowner \$00.

*\$5 goes to NYSSA membership

NYSSA Trail Defender membership upgrade additional \$20.00

Have you already paid NYSSA Dues this season via another club? _____

If so, which Club _____

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.

Questions: Call Membership Secretary 315.942.6441

Please make Checks payable to Lost Trail Snowmobile Club

For Club use only:

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

Snowmobile Trail Land Owner