

CNY Snow Travelers, Inc.

General Mailing Address: **2010-2011 APPLICATION FOR MEMBERSHIP**
CNY Snow Travelers Inc.
PO Box 53
Deansboro NY 13328-0053

Membership Mailing Address:
Deanna Lloyd
2133 State Route 315
Deansboro NY 13328

Please go to the membership section at www.cnysnowtravelers.com to immediately become a member and print your registration voucher NOW, or complete the following application and I will mail the voucher and membership information to you; I will use email if provided. Landowners and lifetime renewals, cannot pay or obtain their voucher online, please complete the application and send the money to Deanna.

Please print clearly:

Membership Information for Main Member:

NYSSA ID number, from your 09-10 Membership Card _____ First Name _____ Last Name _____

Address, MUST match address on Registration, Street _____

City _____ State _____ Zip _____ County _____

Phone Number _____ E-Mail _____ {required for login to NYSSA Membership Site and e-mail of DMV voucher, NYSSA Newsletter, Club Newsletter, and other information}

Family Membership Information:

Spouse First Name _____ Last Name _____

Names of Children under 18 who intend to register a sled: _____

For ALL Memberships:

Number of Registered Snowmobiles covered by this voucher _____, one NYSSA voucher will cover all household members under 18 years, and all sleds I would like to receive newsletter via: _____ Email _____ Mail _____

- INDIVIDUAL - \$25.00, includes 1 NYSSA membership**
- FAMILY - \$25.00, includes 1 NYSSA membership for primary applicant, \$5.00 for each additional NYSSA membership (not required).**
For household members who would like their own NYSSA membership. Only one NYSSA membership is required per voucher.
- LIFETIME - \$255.00, includes 1 NYSSA membership for primary applicant for the first year, \$5.00 is required for NYSSA dues each following year**
- TRAIL DEFENDER - \$45.00, includes 1 NYSSA membership for primary applicant, the additional \$20 goes to NYSSA to reimburse clubs for defense costs related to trail issues**
- LANDOWNER - Free club membership, free NYSSA membership IF you own property on our trail system. One per property.**

[] Twenty-five cents (.25) of your \$5.00 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.

Have you already paid NYSSA Dues this season via another club? _____ If yes, which Club? _____

\$ _____ Tax Deductible Donation, in addition to your membership fee

*** I would like to purchase _____ 2011 Harley Davidson raffle tickets for \$20.00 each. I have enclosed a SEPARATE check made payable to CNY Snow Travelers for the tickets*** After receiving your payment, we will mail the ticket stubs to you. Thank you for your support. If you would like the tickets in someone else's name, please include a note with the information.

SIGNATURE _____ DATE _____

PLEASE SELECT THE AREAS YOU WOULD BE INTERESTED IN VOLUNTEERING SERVICES

You are not required to choose any. Please mark only if you really intend to do the work.

- | | | |
|------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> TRAIL MAINTENANCE | <input type="checkbox"/> CLUB BUILDING MAINTENANCE | <input type="checkbox"/> MAKING TELEPHONE CALLS |
| <input type="checkbox"/> TRAIL SIGNING | <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> FUND RAISING |
| <input type="checkbox"/> SPRING TRAIL CLEANUP | <input type="checkbox"/> METAL FABRICATION | <input type="checkbox"/> COOKING/FOOD PREP |
| <input type="checkbox"/> EQUIPMENT MAINTENANCE | <input type="checkbox"/> COMMITTEE/EVENT CHAIRPERSON | <input type="checkbox"/> _____ |

PLEASE COMPLETE AND RETURN WITH MEMBERSHIP DUES TO: Deanna Lloyd at the above membership address.

Officers: President, Dave Adams; Vice President, Tom Meininger; Secretary/Treasurer, Martha Crossway

If you have any membership questions, please contact Deanna Lloyd at 315-841-8660 or cnystmembership@yahoo.com

Please visit our web site at www.cnysnowtravelers.com

Please make copies of this application for your friends and neighbors.

For Club use only

NYSSA Voucher # _____, Club Membership # _____, Date Voucher Issued _____

Payment Method: Cash, Ck/mo# _____ \$ _____ Payment Date _____