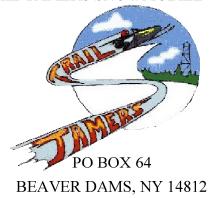
## TRAIL TAMERS SNOWMOBILE CLUB



PLEASE PRINT			
First Name			-
Last Name			
Street Address/PO Box			_
City	State	Zip Code	-
Phone #		_	
Email		-	
Family Membership Informa	tion:		
Spouse First Name		Last Name	
Children under 18 that intend	l to register a s	led	
( )Single Membership \$25.	00		
( )Family Membership \$30			
Have you already paid NYSS	SA Dues this se	eason via another club?	
If so, which Club			
Please enter the number of si	nowmobiles yo	u intend to register	
For Club use only			
Blank Voucher ID			