



St Lawrence County Snowmobile Association, Inc. (SLCSA)

PO Box 421
Canton, NY 13617

Web Site: WWW.slcsa.org



Membership Application for 2016-2017 Season

SLCSA meets 2nd Tuesday of each month, 7:00 p.m. at
St Patrick's Parish on Rt 56 in Colton.
The Membership year runs from Sept 1st to Aug 31st

NOTE: Name and address information must match your
Snowmobile Registration.

Official Use Only
Date Received _____
Total Amt. Paid _____
Circle: Cash or Check
Voucher # 07-0975-_____

<input type="checkbox"/> Check ONE of the Membership Options below:
() New () Renewal

PLEASE PRINT CAREFULLY!!! IF ADDRESS IS CORRECT ON ENVELOPE PRINT "SAME" IN ADDRESS

Name: _____ Spouse: _____

Children: _____
(Children - If under 18 and are registering a Snowmobile)

Address: _____ # of Registered Sleds: _____

City: _____ State: _____ Zip: _____ Occupation: _____

Phone: (____) _____ E-mail: _____

Newsletter Delivery method: () E-Mail () USPS Mail () Do not send me one.

Check ONE of the options below: (One Membership fee includes all names listed above.)

\$30 Membership - Individual or Family Includes a SLCSA membership card and decal, \$5 NYSSA (NY State Snowmobile Association) Membership, Membership Card, Snowmobile Registration Discount Voucher (\$55 value per sled registered) and a one year subscription to the New York Snowmobiler Magazine.

\$50 Membership - Business Sponsor added to our website and a link to yours.

Type of Business and/or Services you have: _____

(\$_____) Write in any additional donation to SLCSA.

We need volunteers to help maintain our trail system. Trails are not maintained with money alone. Please put a check mark next to the type of volunteer work you would be willing to help with.

<input type="checkbox"/> Trail Grooming	<input type="checkbox"/> Trail Maintenance	<input type="checkbox"/> Groomer Maintenance
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Trail Mapping / GPS	<input type="checkbox"/> Web Page (Maintain / Design)
<input type="checkbox"/> Club Officer or Board Member	<input type="checkbox"/> Club Events	<input type="checkbox"/> Land Owner Liaison
<input type="checkbox"/> Other, Explain: _____		

*** Make Checks payable to: **St Lawrence County Snowmobile Association, Inc.**
*** Mail application and fee to the address shown at the top of this form or bring to a club meeting

Signature: _____ Date: _____
(A parent or guardian's signature is required below, if under 18)

Parent/Guardian _____ Date: _____