

SULLIVAN COUNTY TRAIL ASSOCIATION
P. O. BOX 332
PARKSVILLE, N.Y. 12768
www.sctrailassoc.com

MEMBERSHIP APPLICATION
2011-2012

NAME (PLEASE PRINT) _____

STREET ADDRESS/P.O.BOX _____

CITY _____ STATE _____ ZIP _____

SPOUSE'S NAME _____

PHONE # _____ EMAIL _____

(DMV VOUCHER, SCTA & NYSSA NEWSLETTERS CAN BE EMAILED)

INDIVIDUAL MEMBERSHIP \$25.00 FAMILY MEMBERSHIP \$30.00
(INCLUDES \$5.00 NYSSA DUES) PLEASE MAKE CHECKS PAYABLE TO THE SULLIVAN
COUNTY TRAIL ASSOC. AND MAIL TO ADDRESS ABOVE.

HAVE YOU ALREADY PAID NYSSA DUES TO ANOTHER CLUB? _____

IF SO, DEDUCT \$5.00 AND ENTER NAME OF CLUB _____

NUMBER OF SLEDS I INTEND TO REGISTER _____

25 CENTS OF YOUR \$5.00 NYSSA DUES WILL BE USED FOR THE NYSSA SNOWMOBILE
POLITICAL ACTION COMMITTEE, WHO IS OUR VOICE IN ALBANY. IF YOU DO NOT WISH
TO CONTRIBUTE TO THE NYSSA PAC, PLEASE CHECK THIS BOX. PLEASE NOTE - YOUR
NYSSA DUES REMAIN AT \$5.00.

THE SULLIVAN COUNTY TRAIL ASSOCIATION WAS FORMED TO HELP DEVELOP AND
PROMOTE SAFE SNOWMOBILING IN SULLIVAN COUNTY. IN REGISTERING AS A MEMBER,
I AGREE TO LEND MY ASSISTANCE TO THE ASSOCIATION AND ITS ACTIVITIES, AND TO
ACT AS A POSITIVE ROLE MODEL FOR OTHERS.

SIGNED: _____ DATE: _____

PLEASE SEND ME _____ ADDITIONAL DECALS. I AM INCLUDING \$1.00 FOR EACH
ADDITIONAL DECAL WITH MY DUES PAYMENT.

FOR CLUB USE ONLY: BLANK VOUCHER ID ISSUED # _____

DATE _____ NYSSA ID # _____