Tri-County Drift Hoppers Inc. Snowmobile Club P.O. Box 94

Arcade, NY 14009

Contact: <u>info@drifthoppers.net</u> Lee: 716-353-1278

Lee: 716-353-1278 Nicole: 716-523-8222



Please print: NOTE: m	nust match snowmobile registration!
First name:	Last name:
Address:	
City:	State: Zip:
Email: (Req uired to receive NYSSA newsletter	Phone Number:
Please check if you are a Snow	mobile Land Owner ()
Family Membership Information Spouse: First name: Children under 18 that intend to	Last name:
Name:	
ur membership types and prices an	re: Individual \$30.00 Family \$40.00
() NYSSA Trail Defender n	membership upgrade, additional \$20.00
Have you already paid NYSSA	dues this season via another club? Yes / No
If yes, which club?	
Please enter the number of sno	owmobiles you intend to register:
	NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Committee ONOT wish to contribute to the NYS Snowmobile PAC, please check this box. Pleas.
Total amount due:	Paid with/cash/check:
Signature:	Date: