

2017-2018 Membership Application/Renewal Form

(Valid from September 1st 2017 - August 31st 2018)



www.frontiersno.com

**Make Checks Payable
and Mail Dues to:**

**Frontier Sno Riders
P.O. Box 133
Duanesburg, NY 12056**

Official Use Only

Amt. Paid \$ _____
Cash _____ Check # _____
Date Rec'd _____
Date Voucher Sent _____
Voucher # _____

Membership:

- NEW MEMBER (\$30)**
 MEMBER RENEWAL (\$30)
 LANDOWNER (Club Snowmobile Trails on Property) (\$0)

Personal:

NYSSA ID:

First Name: *

(Name must match DMV sled registration)

Last Name: *

E-Mail:

Address: *

City: *

State/Province: *

Zip: *

Telephone: *

County: *

of Snowmobiles this
Member Intends to Register :

Family: (Used for Family Memberships)

Spouse First Name:

Spouse Last Name:

(Children under 18) List only children 17 and under who intend to register a sled in their name

Child 1:

Child 2:

Child 3:

Child 4:

Child 5: