



DELAWARE VALLEY RIDGE RIDERS

PO Box 296
Downsville, NY 13755
www.delawarevalleyridgeriders.com

Membership Application

Check one: \$25 Single Membership _____ \$25 Family Membership _____

- ❖ \$5 of your membership dues is paid to NYSSA
- ❖ Membership is concurrent with your snowmobile registration (Sept. 1 – Aug. 31)

Last Name (Print Only) _____ First Name _____

Mailing Address _____ City _____

State _____ Zip Code _____ Telephone # _____

Email Address _____ Number of sleds I intend to register _____

Have you already paid NYSSA dues this season? _____

If so, deduct \$5 and enter name of club _____

- ❖ Family Membership includes spouse and children age 17 and under. Any person age 18 and over must become a separate member.

Spouse: Last Name _____ First Name: _____

Children under 18 that intend to register a sled

Children: Name _____ age _____ relationship _____

Name _____ age _____ relationship _____

Name _____ age _____ relationship _____

() Twenty-five cents of \$5 NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Committee) who is our voice in Albany. If you do not wish to contribute to the NYS Snowmobile PAC, please check this box. Please note: your NYSSA dues remain \$5.00.

() I prefer to get the clubs newsletter via our club website.

() I prefer to receive a copy of our club newsletter by mail.

- ❖ There will be a \$25 fee on all returned checks.

I/We, the undersigned, waive all rights to bring suit against any landowner who has given the club permission to ride on their property in the event of accident or injury. I/We agree to abide by all rules, regulations, and By-Laws of the club. I/We will always wear a helmet and use a registered and insured snowmobile while participating in any club sponsored ride.

Signature Required _____ Date _____

For Club use only: Blank Voucher ID issued _____