



SNOWMOBILE CLUB MEMBERSHIP FORM 2019-2020

Mohawk Trail Riders | NHSA Club #004

PO Box 167, Sanbornton, NH 03269

SELECT \$ _____ Single Membership \$35.00* or
 _____ Family Membership \$35.00* (includes 2 adults and children 17 and under)
 _____ Donation (Easter Seals MTR Trail Maintenance)
 \$ _____ Total (make checks payable to Mohawk Trail Riders)

* \$10.00 of your membership dues entitles you to NHSA membership and a subscription to "Sno-Traveler" magazine.

Are you new to the "Mohawk Trail Riders" Club? Yes _____ No _____
 Member of NHSA through another NH Club? Yes _____ Club Name _____

Please Print

Full Name: _____

Address: _____

Phone: _____ Email: _____

(Phone and email is mandatory for future online memberships. If none available, leave blank)

Family Member's Information

Spouse Name: _____

Children's Names (will be included in Youth Program - must be 17 years and under)

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

For NHSA Marketing Purposes:

Please tell us, how many snowmobiles you plan to register this year? _____

If you live in NH, what County? _____

You will receive your NHSA membership voucher in the mail, along with your NHSA membership cards.

THANK YOU FOR YOUR SUPPORT! SEE YOU ON THE TRAILS!

Club Membership runs through June 30, 2020

www.mohawktrailriders.org