



LAKE EFFECT TRAILBREAKERS

P.O. Box 842, Sinclairville, NY 14782

NAME: _____

(Please print legibly)

Family Membership Information:

Spouse Name: _____

ADDRESS: _____

Children under 18 (list only 17 and under who intend to register a sled

in their name) _____

Phone # _____

E-MAIL: _____

*****IMPORTANT:** please indicate email address for communication purpose, Vouchers, etc. We will be utilizing email more this year to save money for the club on postage. Thank you.

Membership Fee \$30 (Membership includes household family under the age of 18 only)

\$5.00 of your Club Fee is sent to NYSSA for your dues. \$.25 of this fee will be used for the NYS Snowmobile PAC. If you do not wish to contribute to the NYS Snowmobile PAC, please check here

Please check the following:

New Member

Member Renewal

Groomer Fund Donation

Logo Club Stickers @ \$5.00 each (3x4 for sled & 4x6 for vehicle) they come in yellow or black

Please indicate nbr. wanted: 3x4 yellow 3x4 black 4x6 yellow 4x6 black

We also have t-shirts in various colors available in stock at only \$15.00, please check our web site for information or contact Dianne Cornell @ 962-8330

If interested please list request. _____

Amount enclosed \$ _____

Have you already paid NYSSA Dues this season via another club? Yes No (please circle one)

If so, which Club? _____

Please enter the number of snowmobiles you intend to register this year: _____

Liability Disclaimer: I will be responsible for myself and any passengers and assumer all risks and liabilities in the event of accident, fire, thefts to myself, my equipment or vehicle. I will not hold the Lake Effect Trailbreakers Inc. or landowners, officers, or members. I submit this application and promise to comply with all current and future rules and regulation for the Lake Effect Trailbreakers, Inc. Snowmobile Club

Signature of Applicant: _____ Date: _____

Please mail check and application to:

Lake Effect Trailbreakers

P.O. Box 842

Sinclairville, NY 14782