



2009-2010 MEMBERSHIP APPLICATION

Please write CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

FAMILY MEMBERSHIP INFORMATION (complete ONLY if you are joining as a family):

SPOUSE'S NAME: _____

CHILDREN'S NAMES (under 18 or still in high school) _____

Do you wish to receive our newsletter? Yes No In which format? Mail Email

SINGLE MEMBERSHIP - \$20.00*

FAMILY MEMBERSHIP - \$30.00*

***NOTE: \$10 of your membership dues entitles you to a membership in NHSA and a one-year subscription to the Sno-Traveler magazine. If you have already joined NHSA for this riding season and can provide a copy of your membership card, you do not have to pay it again. If you cannot provide a copy of your card, you must pay the NHSA dues. Please complete section below ONLY if you have already joined NHSA this year:**

Yes, I'm a current member of NHSA and my membership number is: 10-_____.

A copy of my current NHSA membership card is enclosed

I am paying \$10.00 / \$20.00 (please circle which) for my Lancaster Snow Drifters membership only.

Please make checks payable to: Lancaster Snow Drifters

Club Use Only: Amount Paid _____

Cash

Check** # _____