

**GALWAY TRAILMASTERS SNOWMOBILE CLUB, INC.
MEMBERSHIP FORM**

Name: _____ Spouse: _____

Address: _____
(Address must be same as printed on your sled registration)

City: _____ State: _____ Zip Code: _____ Phone No.: _____

No. of Sleds Registering: _____

Interested in working on Trails: ___ yes

Best # to reach me at: _____

Help us save \$ on postage – Do you have an e-mail address we can send correspondence:

Check one:

East Galway Snowmobile Club Member:
Membership \$25 _____ New _____ Renewal _____
Membership # _____

East Galway Snowmobile Club Member with membership being paid to NYSSA through another Club:

Membership \$20 _____ New _____ Renewal _____
East Galway Membership # _____

NYSSA membership number _____ Club _____

Please mail to:
Galway Trailmasters Snowmobile Club
PO Box 542
Galway, NY 12074