



GALWAY TRAILMASTERS SNOWMOBILE CLUB INC.

Business Member—Annual Sponsorship

Company _____

Name _____

Address _____

City _____ County _____ State _____ ZIP _____

Phone _____ Email _____

Website _____

* Please enclose a current business card and a logo for website & archway recognition.

* By providing your email address, we will send you meeting notices and other correspondence via email.

NUMBER OF SLEDS REGISTERING: _____ DATE _____

Send my voucher by Email USPS mail

Annual Sponsorship Selection

Tier 1: \$500

Tier 2: \$250

Tier 3: \$100

CHECK CASH

Date _____ Received by _____ Membership no. _____

Thank you for your support! Please return this form with payment.

Please make checks out to the *Galway Trailmasters Snowmobile Club* and mail this completed form and payment to:

Galway Trailmasters Snowmobile Club
PO Box 542 • Galway, NY 12074

galwaytrailmasters.com • galwaysnow@yahoo.com • (518) 694-1437

 @TrailmastersSC for trail work and trail condition updates.