



GALWAY TRAILMASTERS SNOWMOBILE CLUB INC.

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(518) 694-1437

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

GALWAY TRAILMASTERS SNOWMOBILE CLUB ANNUAL SPONSORSHIP

CLUB SPONSORING MEMBER: \$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

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