

Chittenango Polar Bears Snowmobile Club, Inc.

2010-2011 Membership Application

Post Office Box 111

Chittenango, NY 13037

www.chittenangopolarbears.com

315-420-2653

Primary Member Name: _____

Date: _____ **NYSSA ID Number:** _____ (prior Membership # if known)

Check Membership Type: Single \$25 **or** Family \$30 **or** Military Honorary* \$0

* currently engaged in active military duty or those who have been awarded the Purple Heart.
All membership type dues **include One NYSSA Membership and DMV Voucher.**

(A NYSSA DMV Voucher covers all snowmobiles registered under the same Name & Address.)

Names of Additional Family Members: Spouse: _____

Children (under age 18): _____

Address: Hse#, Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail Address:** _____

{** *E-mail address Highly Encouraged*...Required for login to NYSSA Membership Site and e-mail of DMV Voucher, NYSSA News Letter, Club meetings, news and events and other information.}

Have you **already paid NYSSA Dues** this season via another club? _____

If so, which **Club?** _____

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

Optional NYSSA Memberships & DMV Vouchers available below at additional costs as shown.

Extra NYSSA Membership & Voucher **add \$5** for **each** Name(s): _____

NYSSA Trail Defender Membership **add \$20** for (Name): _____

NYSSA PAC: Twenty five cents of \$5 NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Committee) who is our voice in Albany. If this member does not wish to contribute to the NYS Snowmobile PAC, please check box to the right. Please note, NYSSA dues remain \$5.00.

Use of Member's Personal Information: The NYSSA default is that this member will receive occasional offers and promotions by U.S. Mail directly from NYSSA Sponsors and he or she is at least 18 years of age. If he or she does not wish to receive promotional mailings or is under 18 years of age please check the box to the right.

***** Please allow 2-3 weeks for processing/return mailing of DMV Voucher(s). Please plan accordingly.**

For Club Use Only

Date Received: _____ By: _____ Amount Paid: _____ Check # _____

Membership Number: _____ Application Type: New Renewal

NYSSA Voucher: _____ Recorded Date: _____ Processed