

Chittenango Polar Bears Snowmobile Club, Inc.

2018-2019 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 \$30 **or** Family \$35 **or** Military Honorary* \$0

All membership type dues **include One** NYSSA Membership and DMV Voucher.

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

* currently engaged in active military duty or those who have been awarded the Purple Heart.

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? ____, Club _____

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

Optional items:

- Willing to **Volunteer?** (Trail work, Committee members, etc..) You will be contacted for more info.
- Give a **Donation** to our Club (CPBSC) \$_____ **Tax deductible** to the extent possible by Law.
- Purchase NYSSA **Raffle ticket(s)? add \$5** per ticket #__ \$__ (tickets mailed to the name/address above)
- Extra NYSSA Membership & Voucher **add \$5** for **each** Name(s): _____
- NYSSA Trail Defender Membership **add \$20** for (Name): _____

Opt Out: 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 the box** to the right.

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