

April 1, 2026 to March 31, 2027
Membership Application

* Annual Dues *

\$35.00/Single or \$45.00/Family

Includes one (1) NYSSA Annual Membership



www.quadcountysnoclub.com

Twenty-five cents of your \$10 NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Committee) who is our voice in Albany. If you do not wish to contribute to the NYS Snowmobile PAC, please check here ____ Please note, your NYSSA dues remains \$10.

Check One:

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**Single
Membership**

Are you interested in being added to the Trail Worker Volunteer Call List (Y/N) _____

One Primary person that:

- is the member of Quad County Snowmobile Club
- will be enrolled as a member of NYSSA through our club
- will have a DMV voucher issued in their name

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**Family
Membership**

Includes a family or individuals residing as a family unit at the same address. Includes one primary person &/or one spouse/partner and children 17 & under.

- everyone is a member of Quad County Snowmobile Club
- the primary member, spouse/partner and children 17 & under will be enrolled members of NYSSA through our Club.
- the primary member, spouse/partner and children 17 & under who intend to register a sled will be listed on the DMV voucher that is issued

- Children 18 residing at home & Still in High School, have 2 options:

Option#1 - Have no sled to register, may be a club family member one final year.

Option #2 - intend to register a sled in their own name, must join our club as a single member.

Note: Family structures residing at the same address must have their own Family memberships. (G.Parents/Parents/Etc.)

Primary Member:

Last Name

First Name

Street Address/PO Box

E-mail Address

City

County

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Home Phone

State

Zip

Spouse/Partner:

List first & last name and circle the name if this person intends to register a sled

Children 17 & under:

List first & last name for each with their age.

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Have you already paid NYSSA Dues this season via another club? (Y/N) ____ If Yes, Which Club? _____

Number of sleds you intend to register: _____

Do you wish to be opted out of the NYSSA mailing list:(Y/N) ____ (Default is no, you will be on the mailing list).

I understand snowmobiling is a dangerous sport and I will be responsible for myself, family & guests and assume all risk and liabilities. In the event of an accident, fire or theft, I will not make claims against Quad County Snowmobile Club, it's officers, members or trail landowners. I submit this application and promise to abide by the rules and regulations of the Quad County Snowmobile Club, the New York State Snowmobile Association and the snowmobile laws of New York State.

Signature of Primary Member

Date

* Cash accepted only at club meetings & events - DO NOT MAIL CASH

* Make Checks payable to: **Quad County Snowmobile Club Inc**

* Mail completed application to: **Quad County Snowmobile Club
PO Box 149
Atlanta, NY 14808**

For Club Use Only

Received: _____

Paid: _____

Amount: _____

Voucher #: _____