

**Folsom Trailblazers Membership**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last Name, First Name Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_ E-Mail  
City, State, Zip

- Single\* \$40 (\$34 for membership + \$6 for NYSSA)
- Family\* \$40 (\$34 for membership + \$6 for NYSSA)

Please list any other Clubs\* you belong to: \_\_\_\_\_  
\*Do you pay for NYSSA Membership through the other club? Y or N

Please submit payment  
by the November  
Meeting or Send to:  
  
***Folsom Trailblazers  
Snowmobile Club  
P.O.Box 55  
Attica, NY 14011***

*For official use only:*  
  
*CASH* \_\_\_\_\_  
*or*  
*CHECK* \_\_\_\_\_  
  
*Entered in NYSSA  
Database* \_\_\_\_\_  
  
*NYSSA Number*  
\_\_\_\_\_

If you would like the voucher mailed back to you, please enclose a self addressed stamped envelope.

If you would like the voucher emailed to you, please print your email address clearly.

Email address:  
\_\_\_\_\_