

Tri-County Drift Hoppers Inc.
Snowmobile Club
P.O. Box 94
Arcade, NY 14009
Contact: info@drifthoppers.net
Phyllis: 716-316-8769



Please print: **NOTE: must match snowmobile registration!**

First name: _____ Last name: _____

Address: _____ (ex. 6 Maple St. or PO Box 123)

_____ Prior Member (Y/N) _____ NYSSA ID# (if known) _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

(Req uired to receive NYSSA newsletter and other information)

Would you prefer to receive your voucher via email: (Y/N): _____

Please check if you are a Snowmobile Land Owner () (trail traverses your property)

Family Membership Information:

Spouse: First name: _____ Last name: _____

Children under 18 that intend to register a sled:

Name: _____

Name: _____

Your membership types and prices are: Individual \$ 40.00 Family \$ 40.00

() NYSSA Trail Defender membership upgrade, additional \$20.00

Have you already paid NYSSA dues this season via another club? Yes / No

If yes, which club? _____

Please enter the number of snowmobiles you intend to register: _____

() Twenty five cents of your \$ 5.00 NYSSA dues will be used for the NYS Snowmobile PAC (Political Action Com mittee) who is our voice in Albany. If you DO NOT wish to contribute to the NYS Snowmobile PAC, please check this box. Please note, your NYSSA dues remain \$5.00.

Total amount due: _____ Paid with/cash/check: _____

Signature: _____ Date: _____