

2024-2025 East Herkimer Sno-Riders Associate Membership Application

(September 1, 2024 - August 31, 2025)



Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

(Check one)

Single Membership \$10 / year \_\_\_\_\_

Family Membership \$10 / year \_\_\_\_\_

(Fill out below only for family membership)

Spouse \_\_\_\_\_

Children (Up to 18 years old)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Memberships are payable in cash or check

Make checks payable to East Herkimer Sno-Riders Inc.

Please mail checks to:

2167 State Route 169

Little Falls NY 13365

\*Associate Members do not have voting rights at monthly meetings.

If you want to be a voting member you need to fill out our Regular Membership Application.