East Herkimer Sno-Riders, Inc. 2167 State Route 169 Little Falls, NY 13365 ehsnoriders574@gmail.com



2024-2025 Membership Application

(September 1, 20	24 – August 3	31,2025)			
Name:					
Mailing Address:					
City:	State:	Zip:	County:		
e-mail address:		Pho	Phone:		
Single Membersh	nip: \$30 / 1 Y	ear			
Family Members	hip: \$30 / 1 Y	ear			
		Spou	se:		
New Membership		Chile	dren: (up to age	of 18 years)	
Renewal Membership		Nam	e:	Age:	_
		Name	e:	Age:	_
		Name	e:	Age:	_
		Name	e:	Age:	_
Members through a	wsletters. hip dues inclu nother club, d	ide \$5 for NY leduct \$5 and ember with:	YSAA yearly due I you <i>MUST PR</i>	es. IF you already <i>OVIDE</i> your NY	card, access to club belong to NYSAA SAA information below.
	•	ate Snowmo			tles you to membership
Check her	re if you want	to donate 25	5¢ to NYSAA PA	AC	
Make che address.	cks payable to	o: East Herki	mer Sno-Riders,	Inc. and mail co	mpleted form to above
Are you is	nterested in b	eing an activ	e club member?	Yes No	_
Thank yo	u for your sup	pport!			
A NYSAA voucher will be sent to you upon receipt of dues and a completed application.					Club Use Only Date: Amount: NYSAA No.: