

2024-25 MEMBERSHIP APPLICATION

Finger Lakes Trail Runners, Inc.

Mail to: Finger Lakes Trail Runners, Inc.

c/o Terri Denman 2739 Booth Road

Venice Center, NY 13147

Membership Info – Phone: 315-246-0241; Email: fingerlakestrailrunners@yahoo.com

DATE:			
[] NEW MEMBER or [] RENE	W MEMBERSHIP – NYSSA ID Number (if known)		<u> </u>
(Please Print Information – r	name must match sled registration!)		
FIRST NAME:			
LAST NAME:			
ADDRESS:			
CITY:	STATE:ZIP:		
COUNTY:			
PHONE:	E-MAIL ADDRESS:		
Family Membership Informa			
Spouse First Name	Last Name		
Children under 18 years inte	nding to register a sled:		
1.			
2.			
3.			
Enter the number of snowm	obiles you intend to register this season		
[] Primary Membership (If	you <u>have not</u> already joined another clubthis season OR	n) \$30.00	כ
	If you have already joined another clubthis season)	\$24.00)
[] NYSSA Trail Defender (<i>op</i>	tional at additional cost)	\$20.00	0
	upport the club's trail maintenance and improvemer repairs and upgrades, bridges, culverts, etc. that	nt \$	_
	Total	Enclosed: \$	
	are automatically enrolled as a member in the NYS Sno for the NYSSA Political Action Committee (PAC) who is k this box. [].		
Please mail this form	m with your Check/Money Order payable to: Finger	Lakes Trail Runners.	
**You can also	join or renew your membership online and immedi https://membership.nysnowmobiler.com		t:
Please indicate how you we	ould like to receive your DMV Voucher:	E-mail	
		II S Mail	