



# Grand River Trail Riders

P.O. Box 22

Austinburg, OH 44010

Snow Line: 440-275-9680

## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

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

If family membership, please list other members' names and ages:

NAME

AGE

SPOUSE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many snowmobiles do you presently own? \_\_\_\_\_

E-mail address. (PLEASE PRINT CLEARLY):  
\_\_\_\_\_

\_\_\_\_\_ Checking this line indicates that you give your permission for your e-mail address to be shared with the Ohio State Snowmobile Association.

Your membership to our club **includes** your membership dues to the Ohio State Snowmobile Association.

### **NEW MEMBERSHIP DUES - \$35 individual or family.**

NOTE: A family membership consists of an individual or couples residing at the same residence and any of their children who are under the age of eighteen years who complete an application and pay the required annual dues for such membership.

PLEASE DO NOT WRITE BELOW

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Date application was received \_\_\_\_\_ Dues paid \_\_\_\_\_