

MCKEAN SNOWRIDERS

Membership Form

Name _____ Date of Birth _____

Address _____

E-mail _____

Phone Number _____ No. of Sleds _____ No. in Family _____

Membership Type: Single (\$20/yr) Family (\$25/yr) Husband - Wife & kids under 18

Family Members' Names & Ages _____

By submitting this application I release the McKean Snowriders, Erie Crawford Snowmobile Alliance, their members and all landowners whose land we travel upon, from any and all claims and causes of action which may occur. I agree to be bound by these policies.

Signed _____ Date _____

Mail completed form and check, money order payable to:

McKean Snowriders, PO Box 27, McKean, Pa 16426

SOCIAL TRAILS GROOMER FUNDRAISING EDUCATION