



## Snowmobile Club

# MEMBERSHIP APPLICATION

Please fill out all applicable fields. If not known, information can be provided after turning in application.

### MEMBERSHIP INFORMATION SECTION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Childrens Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Have you taken a Snowmobile Safety Classes?  Yes  No

E-mail: \_\_\_\_\_ Are you interested in helping with club events and activities?  Yes  No

Indicate any specific activities: \_\_\_\_\_

Valley SnoDrifters has an e-mail distribution list that is used to facilitate communications among Valley SnoDrifters members. It is used for Valley SnoDrifters and snowmobile related announcements that may include last minute Valley SnoDrifters rides and other activities. Would you like to join this distribution list?  Yes  No

### SNOWMOBILE INFORMATION SECTION (Optional)

1<sup>st</sup> Sled Insurance Co.: \_\_\_\_\_ 1<sup>st</sup> Sled Manufacturer: \_\_\_\_\_ 1<sup>st</sup> Sled Model: \_\_\_\_\_

1<sup>st</sup> Sled Policy No.: \_\_\_\_\_ 1<sup>st</sup> Sled Registration No.: \_\_\_\_\_ 1<sup>st</sup> Sled Year: \_\_\_\_\_

2<sup>nd</sup> Sled Insurance Co.: \_\_\_\_\_ 2<sup>nd</sup> Sled Manufacturer: \_\_\_\_\_ 2<sup>nd</sup> Sled Model: \_\_\_\_\_

2<sup>nd</sup> Sled Policy No.: \_\_\_\_\_ 2<sup>nd</sup> Sled Registration No.: \_\_\_\_\_ 2<sup>nd</sup> Sled Year: \_\_\_\_\_

### INDIVIDUAL MEMBERSHIP INCLUDES:

Free Trail Map, Monthly Club Newsletter, Invitation to all Club Activities, Parties, Rides and Special Outings etc.

\$10 - Individual Membership

\$15 - Family Membership

\$15 - Business Membership

If accepted for membership, I agree to abide by the rules, regulations, and by-laws of the Valley SnoDrifters and hold the club, its officers, and members harmless in the event of personal injury, property damage, or death during any club event or activity. I further agree to maintain personal liability insurance on my snowmobile(s).

\_\_\_\_\_  
First Name, Member Signature

\_\_\_\_\_  
Second Name, Member Signature

Mail to: Dreamland Hotel  
C/O Christie Serotzke  
46960 Bootjack Rd.  
Lake Linden, MI 49945

For Club Use: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Year: \_\_\_\_\_

September to April Monthly Meetings 2nd Wednesday of every month.

For more information, visit our web site at:

*valleysnodrifters.ipower.com/a*