

**APPLICATION FOR MEMBERSHIP FORM
D&D SNOWDIGGERS
DEPOSIT/DELAWARE COUNTY
P.O. BOX 61
DEPOSIT NY 13754**

DATE: _____

MEMBER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MEMBERSHIP DUES ARE AS FOLLOWS: \$30 for a single membership (individual or household). Membership is effective September 2024 to August 2025.

AMOUNT PAID: _____

NUMBER OF CHILDREN INTERESTED IN TAKING A SNOWMOBILE SAFETY
COURSE: _____

NUMBER OF MACHINES CURRENTLY OWNED (for club information only): _____

**NOTE: TO BE A MEMBER IN THIS CLUB THE MACHINES USED ON CLUB
SPONSORED TRAILS “MUST” BE INSURED AND REGISTERED IN THE STATE OF
NEW YORK. NON COMPLIANCE WITH THIS WILL RESULT IN TERMINATION OF
MEMBERSHIP AND TRAIL USE PRIVILEGES.**

PLEASE SPECIFY IF YOU HAVE ANY INTEREST IN THE FOLLOWING:

1. PARTICIPATION IN TRAIL DEVELOPMENT: _____

2. PARTICIPATING IN SIGNING AND BRUSHING TRAILS: _____

**Please be aware there are Bylaws for this club and by joining you (and your family) agree
to abide by these laws.**

SIGNATURE: _____

***Completed applications can be mailed to D&D Snowdiggers, PO Box 61, Deposit NY 13754
If sending a check please make checks payable to: D&D Snowdiggers***