



# SAVOY KANARY KATS MEMBERSHIP APPLICATION

New  or Renewal  (Check One) Season 2016-2017

Print Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
(First Name) (Last Name)

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Children: (First names of children under 18 in same house) \_\_\_\_\_

## SNOWMOBILE REGISTRATION INFORMATION

ALL snowmobile information is **REQUIRED**, including Massachusetts Registration number

Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Reg # \_\_\_\_\_

Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Reg # \_\_\_\_\_

Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Reg # \_\_\_\_\_

Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Reg # \_\_\_\_\_

## MEMBERSHIP FEES

S.A.M. Trail Passes: (\$70 **PER SLED** includes club dues) X \_\_\_\_ = \$ \_\_\_\_\_  
(After Dec. 15, 2016, \$70 PER SLED)

S.A.M. Trail Map(s):.....(\$5.00 Each) X \_\_\_\_ = \$ \_\_\_\_\_

Groomer Donation:.....\$ \_\_\_\_\_

Total:.....Paid by: CASH  CHECK  # \_\_\_\_\_ \$ \_\_\_\_\_

Club Decals? Yes  No

I, the undersigned, waive all rights from accidents or injury while riding on trails, or participating in any activities involving the Savoy Kanary Kats Snowmobile Club, Inc., Snowmobile Association of Massachusetts, private landowners, the Commonwealth of Massachusetts, or the individual townships of Massachusetts.

\*Date \_\_\_\_\_ \*Signature \_\_\_\_\_

\* Required for processing

Send Completed Form and  
Check Made Out To:  
Savoy Kanary Kats

Mail To:

Samantha LaFrance  
279 Old Main Road  
Savoy, MA 01256

E-Mail: [Memberships@savoykanarykats.org](mailto:Memberships@savoykanarykats.org)  
Visit Our Website: [www.savoykanarykats.org](http://www.savoykanarykats.org)