



SAVOY KANARY KATS MEMBERSHIP APPLICATION

New or Renewal (Check One) Season 2024-2025

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

Trail Passes: (\$75 **PER SLED** INCLUDES CLUB DUES) X ____ = \$ _____

(After Dec. 15, 2024, \$90 PER SLED)

OR Club Membership ONLY: \$25.00 (NO TRAIL PASS):.....\$ _____

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
104 Ashfield Road

Shelburne Falls, MA 01370

E-Mail: Memberships@savoykanarykats.org

Visit Our Website: www.savoykanarykats.org