

**MEMBERSHIP APPLICATION**

**2016 - 2017**



**Berkshire Snow Seekers  
Snowmobile Club Inc.  
PO Box 1102  
Pittsfield, MA 01202**

**PLEASE PRINT**

First NAME	Last NAME
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ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

SNOWMOBILE	YEAR	MAKE	MODEL
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SERIAL NO.

MA STATE REGISTRATION NO.

**SM** \_\_\_\_\_

E MAIL

Club Membership Expires Sept 1st 2017	Club Membership Fee	\$ 35
	\$20 if before 12/15/2016	
	S.A.M. Trail Permit Fee	\$ 35
	<b>Groomer/Fuel Donation</b>	\$
	Total	\$

**WAIVER      Signature Required for Trail Pass!**

I the undersigned, waive all rights from accident or injury while riding on trails or participating in any activities involving the Berkshire Snow Seekers Snowmobile Club, Inc., the Snowmobile Association of Massachusetts (SAM), private landowners, the Commonwealth of Massachusetts, or the individual townships of Massachusetts. I fully understand that the sport of snowmobiling involves risk of accident or even death.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please list any special skills you would be willing to share with us: