

MEMBERSHIP APPLICATION

2018 - 2019



**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 2019	Club Membership Fee	\$ 35
	\$20 if before 12/15/2018	
	S.A.M. Trail Permit Fee	\$ 35
	Groomer/Fuel Donation	\$
	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: