



Membership Application for the 2021-2022 Season

The Knox Trail Sno-Riders Snowmobile Club, Inc.

PO Box 363
East Otis, MA 01029-0363

For Club Use

New Renewal You apply online at www.knoxtrail.com

PRINT CLEARLY! IF WE CAN'T READ IT, YOUR TRAIL PASS MAY BE LOST OR DELAYED!

* Name _____ *Last Name _____

*Mailing Address _____

*City _____ *ST _____ *ZIP _____ Phone _____

Email _____

	*Year	*Make	*Model	*Chassis Serial No.	*Mass Reg. No.
Snowmobile 1	_____	_____	_____	_____	_____
Snowmobile 2	_____	_____	_____	_____	_____
Snowmobile 3	_____	_____	_____	_____	_____
Snowmobile 4	_____	_____	_____	_____	_____

Make checks payable to: KTSR more on back

Number of Snowmobiles x \$75 _____
\$90 if postmarked after 12/15/2021

Groomer Donation _____

TOTAL ENCLOSED _____

PLEASE READ AND CHECK

Mail and emails will be sent to addresses on front. If different, check here and enter addresses on back.

WAIVER

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

17 YEARS OF AGE AND YOUNGER

I, as a parent or legal guardian, assume the responsibility for any minor holding this Trail Permit under the regulations of the Commonwealth of Massachusetts and M.G.L. Chap. 90B regulating the use of snowmobiles.

I hereby make this application for membership in the Knox Trail Sno-Riders Snowmobile Club, Inc.(the Club) If admitted, I agree to abide by the constitution and by-laws of the Club and to work for the betterment of the Club and the sport of snowmobiling.

*I have read the waiver and accept the conditions.

YES NO

Would you like to volunteer for a Trail Work Party?

Would you like to plan and/or help with Club events?

Would you like to be a Club Officer?

Would you like to advertise in KTSR publications?

If you answered YES , how shall we contact you?

Email
Telephone

*Member Signature _____ *Date _____

***Required for processing**