ONS, MASS.

*Member Signature __

Membership Application for the 2022-2023 Season

The Knox Trail Sno-Riders Snowmobile Club, Inc.

PO Box 363
East Otis, MA 01029-0363
knoxtrail@gmail.com

	For Club	Use
ı		USC

New Renewal You may apply online at www.knoxtrail.com

* Name	TRAIL PASS MAY BE LOST OR DELAYED!		
*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 \$90* *\$75 if postmarked of the control of the contr		/22 PLEASE READ ANI	O CHECK
TOTAL ENCLOSED WAIVER I waive all rights from accidents or injury wh participating in any activities involving the Snow	ile riding on trails, or	Mail and emails will be ser different, check here	and enter addresses on back.
Massachusetts (SAM), local snowmobile clubs, p Commonwealth of Massachusetts, or indi Massachusetts. I fully understand that the sport of risk of accident or even death.	private landowners, the ividual townships of	Would you volunteer to publish Would you volunteer to manage	
17 YEARS OF AGE AND YOUNGER I, as a parent or legal guardian, assume the respholding this Trail Permit under the regulations of Massachusetts and M.G.L. Chap. 90B regulating the	f the Commonwealth of ne use of snowmobiles.	Would you like to volunteer for Would you like to plan and/or he Would you like t	
I hereby make this application for membership Riders Snowmobile Club, Inc.(the Club) If admitted constitution and by-laws of the Club and to work for Club and the sport of snowmobiling.	I, I agree to abide by the	Would you like to advertise in	
*I have read the waiver and accept the conditions.		If you answered YES , ho	w shall we contact you? Email Telephone

*Date ____