



kearsargetrailsnails.com

Membership Application

First Name	Last Name	Date of Birth
Name of Spouse/companion		
Address:	City:	
State:	Zip Code:	
County of Residence:		Phone # - -
E mail Address		
Enter names of children UNDER age 18 in boxes below		
Type of Membership: (circle) Individual or Family		Annual Dues (Both) \$35.00
Note: \$10 of your dues is for NHSA membership.		DO YOU WANT Sno-Traveler magazine ? (YES*) (No)
		Number of Snowmobiles :
Trail Maintenance Donation: enter amount		
Trail Map (\$3.00 each.)		
KTS 8/40 raffle tickets @ \$5.00 each.		
		Total Enclosed: \$
	Your Check #	

Mail your completed application and check to:

KEARSARGE TRAIL SNAILS
PO Box 97
WARNER, NH 03278