

Silverton Snowmobile Club
PO Box 571
Silverton, CO 81433

MEMBERSHIP APPLICATION
CSA District 9

Choose type of membership

NEW_____ RENEWING_____

INDIVIDUAL(\$35/YR)_____ FAMILY(\$40/YEAR)_____ BUSINESS(\$60/YEAR)_____

BUSINESS & FAMILY(\$100/YEAR)_____

Please make checks payable to: Silverton Snowmobile Club

(Please type or neatly print information)

Business Name (if applicable)_____

Last Name_____ First Name_____

Spouse_____ Children_____

Street Address_____

City_____ State_____ Zip_____

Mailing Address (if different from above)

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone Numbers: Home:_____ Work:_____

E-mail (please print neatly):_____

Website:_____

If new member – sponsoring members name:_____

Number of SNOW SCOOP subscriptions requested:_____

**Yearly membership deadline is December 1st. Memberships last for 1 calendar year January 1st
– December 31st. Membership in this club also gives you membership in the Colorado
Snowmobile Association.**