

MEMBERSHIP APPLICATION

Sandpoint Winter Riders, Inc & Idaho State Snowmobile Association

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

****E-mail**** _____

Please include your e-mail. So we can send you last minute changes in schedules and important updates about the lawsuit. Has your address or e-mail changed since last year? _____

Sponsoring Member (If new): _____

_____ Number of snowmobiler's in Family _____ Number of registered sleds

Are you a member of any other local snowmobile club? Yes _____ or No _____

If so, what is the name? _____

Address: _____

State Legislative District: _____

Riding Area: 9B Sandpoint and Bonners Ferry Area

Circle those that apply:	New member	Renewal member
SINGLE MEMBERSHIP (\$30)	FAMILY MEMBERSHIP (\$40)	BUSINESS MEMBERSHIP (\$80)

- In addition to my Sponsorship, I would like to donate to the legal defense fund.
- The amount I am donating is \$ _____
- Total amount of paid \$ _____

Please make check payable to Sandpoint Winter Riders, and mail to:

Sandpoint Winter Riders, Inc.
P.O. Box 593
Sandpoint, Id 83864