

Membership Application

Check one: \square New Members	ship \square Renewal Season	:
lame (Print): Spouse's Nam		ne:
List Children (Under 18) (if Family	Membership):	
Business Name (if Business Memb	ership):	
Street Address:		
City:	State:	Zip code:
Phone Nos.:	Emails:	
I would like to receive emails from the PA State Snowmobile Association (PSSA): YES: NO:		
Check one:		
☐ Single Membership - \$15	☐ Family Membership - \$20	☐ Business Membership - \$40
Membership Dues from Above		\$
Additional Donation Amount		\$
Total Enclosed		\$
Family Membership includes spouse + children <u>under</u> 18. Business Members listed on the Club website.		
Make check payable to "Glendale Lake Snowmobile Club". Send application and check to: Glendale Lake Snowmobile Club, PO Box 174, Patton, PA 16668		
 Signature*		 Date

*BY SIGNING THIS APPLICATION, YOU & ALL LISTED AGREE TO ABIDE BY GLENDALE LAKE SNOWMOBILE CLUB BY-LAWS.

Visit us at: GlendaleLakeSnowmobileClub.com

Email us at: info@GlendaleLakeSnowmobileClub.com