



PLEASE PRINT LEGIBLY

*Complete all required information or your membership cannot be processed.
We encourage you to keep a copy of this document for your records.*

Date of Application: _____

First & Last Name: _____

Spouse/ Partner (for Family membership):

First & Last Name: _____

Mailing Address:

Street Address or PO Box: _____

City, State, Zip Code: _____

Phone number (with area code): (_____)_____

E-mail address (for updates on meetings, trail projects, fundraising, etc) (PLEASE PRINT VERY CLEARLY!):

For Family Membership Only:

Child's First and Last Name (under 18) 1: _____

Child's First and Last Name (under 18) 2: _____

Child's First and Last Name (under 18) 3: _____

Would you like to receive the NHSA *Sno-Traveler* magazine via postal mail?: YES NO

All club membership dues include NHSA membership valued at \$10.00

Membership Dues	Amount
Single Membership - \$35.00	\$
Family Membership - \$35.00	\$
Grooming Donation (optional)	\$
Total Amount Due –Checks payable to CLRSR	\$