

Burgy Bullets Membership Application

Fill out form and mail to:
Burgy Bullets Snowmobile Club
P.O. box 294 Haydenville, MA. 01039

Please fill out the following info. for each member. Use back of form or make copies if necessary.

NAME _____

MAILING ADDRESS _____

CITY,STATE,ZIP _____

PHONE () _____ EMAIL ADDRESS _____

Please fill out the following info. for each snowmobile that needs a trail pass.

SNOWMOBILE YEAR/MAKE/MODEL _____

SERIAL NUMBER _____

STATE REGISTRATION NUMBER _____

Would you like to receive the S.A.M. Newspaper? (circle one) YES / NO

Club Membership Fee:

Club Membership	\$25 per person	\$ _____	(\$5 per person can be deducted if purchased by Nov. 3 rd)
S.A.M. trail pass	\$25 per snowmobile	\$ _____	(Limit of one trail pass per member)
Grooming Fund Donation		\$ _____	
Total		\$ _____	(Make checks payable to Burgy Bullets Snowmobile Club)

Waiver

I, the undersigned, waive all rights from accident or injury while riding on trails, or participating in any activities involving the Snowmobile Association of Massachusetts (S.A.M.), local snowmobile clubs, private landowners, the Commonwealth of Massachusetts or individual townships of Massachusetts. I fully understand that the sport of snowmobiling involves risk of accident or even death.

Signature: _____ Date: _____

17 Years of Age or Younger

I, the undersigned, as parent or legal guardian assume the responsibility for the minor holding this trail pass under the regulations the Commonwealth of Massachusetts and M.G.L. chap. 90B regulating the use of snowmobiles.

Signature: _____ Date: _____

Club use:

Received by: _____ Trail Pass # _____