DEKANE SNO-TRACKERS SNOWMOBILE CLUB

MEMBERSHIP APPLICATION

MEMBER INFORMATION	2020-2021 SEASON	
FIRST NAME:	PARTNER:	
LAST NAME:	PHONE:	
ADDRESS:	EMAIL:	
CITY:	STATE:	ZIP:

I hereby agree to obey the rules, regulations and by-laws of the DeKane Sno-Trackers Inc, and also agree to practice safe, sane, and sober snowmobiling at all times. I further realize that the Board of Directors must approve my application. I understand that neither the DeKane Sno-Trackers Inc, nor any of its contributors or Land Owners assume liability as to any trails, machines or individuals. I agree to abide by the rules, regulations, and by-laws of the DeKane Sno-Trackers Inc. I agree to maintain liability insurance on all of my snowmobiles. I have read the terms and conditions stated above and agree to all of these terms and conditions.

_____ _____

Member Signature Partner Signature

Family Membership: $30.00 Annually

Membership runs from December 1st through November 30th

Please mail complete application along with $30.00 membership dues to:		
DeKane Sno-Trackers Inc	Amount Paid:	
P.O. Box 211	Check Number:	
Elburn, IL 60119	Date Paid:	