



Membership Application 2009-2010

Name: _____

Address: _____

Phone(s): _____ Email: _____

(Check here if you want to receive mailing via Email and not the hard copy) _____

Membership Fee: (Circle One)	Family	\$	15.00
	or Single	\$	10.00

SAM (Snowmobile Assoc. of MA) trail passes: _____ x \$30.00 each \$_____

A SAM trail pass is required to ride on trails maintained by SAM; decal must be applied on the left side of the hood next to Mass Registration Decal

Total Membership Fee \$_____

By joining the Lunenburg Snowmobile club, I agree to follow all rules and regulations of the Lunenburg Snow Riders. I agree to promote safe, responsible snowmobiling to my friends and family and to follow the Snowmobile Code of Ethics.

Snowmobile Code of Ethics

Published by the International Snowmobile Industry Association.

1. I will be a good sports enthusiast. I recognize that people judge all snowmobilers by my actions. I will use my influence with other snowmobile owners to promote fair conduct.
2. I will not litter trails or camping areas. I will not pollute streams or lakes.
3. I will not damage living trees, shrubs or other natural features. I will go out only when there is sufficient snow so that I will not damage the Land.
4. I will respect other people's property and rights.
5. I will lend a helping hand when I see someone in distress.
6. I will make myself and my vehicle available to assist search and rescue parties.
7. I will not interfere with or harass hikers, skiers, and snowshoers, ice anglers or other winter sports enthusiasts. I will respect their rights to enjoy our recreation facilities.
8. I will know and obey all federal, state and local rules regulating the operation of snowmobiles in areas where I use my vehicle. I will inform public officials when using public land.
9. I will not harass wildlife. I will avoid areas posted for the protection or feeding of wildlife.
10. I will stay on marked trails or marked roads open to snowmobiles. I will not snowmobile where prohibited.
11. I will not drink and drive.

Signed: _____ Date: _____

Office Use:

Membership# _____ Paid in Full: Yes No Received by: _____ Date: _____