



# Wyoming State Snowmobile Association

## Membership form

Are you a: New Member \_\_\_\_\_ Returning Member \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**At large membership dues: \$20/YR**

Please Return Form and Payment to:

WSSA  
PO Box 11051  
Jackson, WY 83002