

Please complete and submit with \$12 annual dues (Single or Family) to:  
Triangle S SMC, PO BOX 2 East Springfield, PA 16411

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Membership Application or renewal

Name \_\_\_\_\_  
Street/Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Family Members or Single**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Legal Waiver*

In consideration for participation in the Triangle S Snowmobile Club, I hereby release the Triangle S Snowmobile Club, its members, and all landowners whose land we travel upon from any and all claims or causes of actions I may have or herein after have.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Member over 18 years, parent or legal guardian**