



Blue Mountain Snowdusters, O.R.C. Inc

PO Box 428

Grantham, NH 03753

www.snowdusters.org

Application for membership period July 1, 2016– June 30, 2017

First Member _____ Date of Birth*: _____

First Member's Email** _____

Second Member: _____ Date of Birth*: _____

Second Member's Email** _____

*Date of birth is now required by NHSA

**This is the primary method of communication by BMSD. Your email address will not be shared and only membership forms, meeting and event reminders, trail updates, and draft minutes will be sent.

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Phone () _____

Please Fill In All That Apply. Make Checks Payable To BMSD.

Single Membership ___\$20 Family Membership ___\$30 Map ___\$5

Tax Deductible Donations*** ___\$5 ___\$10 ___\$20 ___\$50 ___Other\$ ___

***BMSD is a 501(c)3 charitable organization. All donations are tax deductible. Acknowledgements will be sent for all donations of \$250 or more, per IRS rules.

Members Interest (circle all that apply)

Snowmobiling XC Skiing Snowshoeing Hiking Mountain Biking Road Biking
 Horseback Riding Rail-Trail Biking

Do You Wish To Receive The SnoTraveler? _____

You may not receive the SnoTraveler if dues are paid after November 1st

We Are An All Volunteer Club. All Members Are Responsible For Trail and/or Club Work.

Please Indicate Your Choices Below For Each Member.

**1st 2nd
Member**

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Member**

	Golf Tournament		Radar Run
	Land Owner Appreciation Dinner		Food and/or Beverage Donation
	Trail Maintenance		Land Owner Relations****
	NHSA Super Raffle Ticket Sales		Organize Ride-Ins-Winter****
	Easter Seal Ride-In		Organize Hikes-Summer****
	Newsletter		BMSD Haunted House
	Old Home Day		Tiki Torch Walk
	BMSD Prouty Team		Club Officer

**** These items must be overseen by our Trail Master.