

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Yes! I will join the fight for access by joining WSSA. Enclosed is my check for \$15. In addition to my membership dues, please accept my contribution of \$\_\_\_\_\_

Please send me more information on joining one of Wyoming's great snowmobile clubs.

Comments: \_\_\_\_\_

\_\_\_\_\_



Please mail this form with your check to:

WSSA  
Shannon McYoung  
P.O. Box 11051  
Jackson, WY 83002