



BUCKS LAKE SNOW DRIFTERS

MEMBERSHIP APPLICATION 2025-26

MEMBERSHIP (CIRCLE ONE) **INDIVIDUAL** \$40 / **FAMILY** \$50 / **BUSINESS** \$60

PRIMARY MEMBER _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

EMAIL _____

BUSINESS MEMBERSHIP PLEASE COMPLETE THE FOLLOWING:

OWNER _____ **NAME** _____

ADDRESS _____

FAMILY MEMBERS – SPOUSE _____

CHILDREN UNDER 18 **NAME** _____ **AGE** _____

NAME _____ **AGE** _____

NAME _____ **AGE** _____

NAME _____ **AGE** _____

THE APPLICANT AGREES TO OBSERVE THE ARTICLES AND BY-LAWS OF THE BUCKS LAKE SNOW DRIFTERS (BLSD).

SIGNATURE: _____ **DATE:** _____

SEND APPLICATION AND CHECK/CASHIER CHECK PAYABLE TO:

BUCKS LAKE SNOW DRIFTERS
P.O. BOX 1420
QUINCY, CA 95971