



151 North Auringer Road Constantia, New York 13044 315-623-7264
www.trailpass.com

Membership Application

Today's Date: _____

Effective Date: _____

Club Name: _____

Club Address: _____

Phone: _____

Fax: _____

Email: _____

Club website: _____

Number of Club Members: _____ Single memberships: _____ Family memberships: _____

Number of Club Trail Miles: _____ Number of Landowners: _____

Number of Municipalities with trails on their property: _____

Other than trail grooming, list and describe club Operations / Activities:

Is your club insured now? YES // NO

Prior Insurance Company: _____

If your club has been previously insured, Attach 4 years of prior insurance company claims experience.

Is your club now, or has your club EVER been involved in a lawsuit? _____ If yes.... please describe in detail on a separate sheet. Be sure to include dates and as many details as possible.

Person requesting insurance: _____

Club Position: _____

Contact number: _____

Signature: _____

Submit to:

TrailPass, LLC

151 North Auringer Road, Constantia, NY 13044

Telephone: 315-623-7264 Email: lharris@trailpass.com

