

CARIBOU SNOWMOBILE CLUB INC.
INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION

NAME _____ BIRTHDATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE# _____

NAME OF BENEFICIARY _____

All members of MSA must name a beneficiary for the MSA Life Insurance.

MEMBERSHIP DUES FOR THE 2005 – 2006 SEASON

CLUB/MSA MEMBERSHIP --- Individual & Family ===== \$ 25.00
(Includes MSA Membership and Life Insurance on primary member)

Note: If you belong to MSA through another club subtract \$10.00 and list the club:
(_____) \$ _____

****INSURANCE** – Additional insurance for a spouse and/or dependent (s)
under the age of 18 is available for \$2.00 more per person.

Enter the number of dependents _____ X \$2.00 = \$ _____

TOTAL ENCLOSED ----- \$ _____

Please make check payable to the
CARIBOU SNOWMOBILE CLUB INC.

Mail to:
CARIBOU SNOWMOBILE CLUB INC.
P.O. BOX 143
CARIBOU ME 04736

(form downloaded from website)

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****INFORMATION FOR THE OPTIONAL MSA SPOUSE/DEPENDENT LIFE INSURANCE****

NAME _____ BIRTHDATE _____

RELATIONSHIP TO MEMBER _____

NAME OF BENEFICIARY _____

NAME _____ BIRTHDATE _____

RELATIONSHIP TO MEMBER _____

NAME OF BENEFICIARY _____

(Please list any additional dependents on the back of this form)

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Please indicate any areas that you may be willing to assist the club:

Social/Program _____ Safety _____ Membership _____ Club Director _____

Fundraising _____ Trail Maintenance _____ Snow Goddess Run _____