

Caribou Snowmobile Club Inc.
Individual / Family Membership Application

Name _____ **Birth-Date** _____

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 2011-2012 Season

CLUB/MSA Membership ---Individual & Family -----\$30.00
(Includes MSA Membership and Life Insurance on primary member)

Note: Belong to MSA through another club Membership is **\$15.00**, & 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

Information for the optional MSA Spouse / Dependent Life Insurance

Name _____ Birth-date _____

Relationship to Member _____

Name of Beneficiary _____