

For office use only

Date Received:

Amount:

Check #

Cash

Membership Form for:

Livermore Trailblazers Snowmobile Club

10 Crash Road

Livermore ME 04253

Name(s):

Primary Member: _____

Family Members (if applicable): _____

Mailing Address: _____

Telephone Number(s):

Home: _____ Cell: _____

Email Address: _____

Single Membership \$15.00 (one year, expires 9/30)

Family Membership \$25.00 (one year, expires 9/30)

Maine Snowmobile Association (MSA) Membership:

MSA Single or Family Membership \$20.00 (one year, expires 9/30)

Primary Member Date of Birth: _____ # of People in Family: _____

MSA Business Membership \$30.00 (one year, expires 9/30)

Business Name: _____

Business Mailing Address: _____

Business Owner's Name: _____

Business Telephone Number: _____

Business Email Address: _____